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N.B.—THIS IS A
PERMANENT RECORD.

Use only

DATE APPROVED
Ink or black
penwriter ribbon.

INSTRUCTIONS
FOR
DICAL CERTIFICATE

In giving
USE OF DEATH

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

"his does not mean
mode of dying,
as heart failure,
mia, etc. It means
disease, or compli-
cations which caused
it."

conditions, if any,
which gave rise to
the cause (a),
including the under-
lying cause last.

conditions contrib-
uting to death but not
due to the terminal
condition given

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

CHAP. 46, §§ 9 &
CHAP. 114, §§ 45,
CHAP. 38, § 6.)

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. 1

No. 41 Belcher Street

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

2 FULL NAME Emma Helen Kelsey

(If deceased 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. 41 Belcher Street

(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 4 5 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
JAN 29, 1945, to JAN 6, 1959

I last saw him alive on JAN. 5, 1959, death is said to
have occurred on the date stated above, at 1 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

INTERVAL
BETWEEN
ONSET AND
DEATH

1 DAY

Due To (b) HYPERTENSION

5 YRS.

Due 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? no
If so, specify

(Signed) Louis J. Salerno, M. D.

(Address) 175 PLEASANT ST Date JAN 5 1959

6 New Harbor Cemetery Bristol, Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 7, 1959

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

Received and filed JAN 8 1959

(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 William Rosford Kelsey
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 years 6 Months 16 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: own home

15 Social Security No. 020-14-7403

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

17 NAME OF FATHER Almon Davis

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

19 MAIDEN NAME OF MOTHER Ella Villa

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

21 Informant William R. Kelsey
(Address) 41 Belcher St. Winthrop

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

Mass. Ralph E. Serrouff

(Signature of Agent of Board of Health or other)
Health Officer 1/6/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

INSTRUCTIONS
FOR
CERTIFICATE

IN GIVING
OF DEATH

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

is does not mean
mode of dying,
as heart failure,
etc. It means
cause, or compli-
cations which caused

ditions, if any,
which gave rise to
the cause (c),
including the under-
lying cause lost.

ditions contrib-
to death but not
led to the terminal
condition given
(a).

ote: Chapter 137,
of 1954, requires
physicians to print or
the cause or
causes of death on
th certificates.

50M-1-58-921876

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. 2

No. 116 Quincy Ave.

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

Margaret E. Lindsey

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

116 Quincy Ave.

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

(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 January 6, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
January 5, 1959, to January 6, 1959
I last saw him alive on Jan 5, 1959, 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) myocardial heart disease

Due To (b) arteriosclerosis

Due To (c) hypertension - essential

OTHER SIGNIFICANT CONDITIONS
myoplegia left

Was autopsy performed?
What test confirmed diagnosis?

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

(Signed) Frederick J. Magrath, M. D.
(Address) East Boston Date 1-8-59

6 St. James Georgetown P.E.I.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 10, 1959

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

Received and filed JAN 10 1959

(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 Elmer C. Lindsey
(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: housework wife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No.
16 BIRTHPLACE (City) Prince Edward Island
(State or country)

17 NAME OF FATHER Angus Morrison

18 BIRTHPLACE OF FATHER (City) P.E.I.
(State or country)

19 MAIDEN NAME OF MOTHER Mary Robertson

20 BIRTHPLACE OF MOTHER (City) P.E.I.
(State or country)

21 Margaret M. Butler
Informant (Address) 116 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) 1/8/59

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

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

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

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

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

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

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

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

8 RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died with recent medical attendance 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

RM R-301A

INSTRUCTIONS
FOR
VITAL CERTIFICATE

In giving
OF DEATH

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

is does not mean
mode of dying,
as heart failure,
ia, etc. It means
cause, or compli-
s which caused

ditions, if any,
ch gave rise to
e cause (a),
ing the under-
g cause last.

ditions contrib-
to death but not
d to the terminal
condition given
(c).

e: Chapter 137,
of 1954, requires
cians to print or
the cause or
s of death on
certificates.

50M-11-56-918978

PLACE OF DEATH

1 SUFFOLK
(County)

WINTHROP
(City or Town)



The Commonwealth of Massachusetts

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

**STANDARD
CERTIFICATE OF DEATH**

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

Registered No. 3

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

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

(a) Residence, No. 107 BOWDOIN St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 10 years 10 months 10 days. In place of residence 30 years 30 months 30 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 6, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 1950 to January 6, 1959
I last saw her alive on January 6, 1959, death is said to have occurred on the date stated above, at 12:55 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Acute myocardial infarction

Due To (b) Coronary sclerosis

Due To (c) Arteriosclerotic and hypertensive heart disease

OTHER SIGNIFICANT CONDITIONS Arteriosclerosis
Hypertrophic arthritis

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) Maurice Traubstein Jr., M. D.
(Address) 73 Bartlett Road Date 1/8/1959

6 HOLY CROSS MAHDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JAN 9 1959

7 NAME OF FUNERAL DIRECTOR Maurice W. Kelly
ADDRESS Wintthrop

Received and filed JAN 8 1959

(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 80 Years 0 Months 0 Days If under 24 hours 0 Hours 0 Minutes

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

14 Industry or Business: HOME

15 Social Security No. NONE

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

17 NAME OF FATHER JOHN SULLIVAN

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

19 MAIDEN NAME OF MOTHER ELLEN CLANCY

20 BIRTHPLACE OF MOTHER (City) BOSTON
(State or country) MASS

21 Informant (Address) 107 BOWDOIN 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. Seranous
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/7/59 (Date of Issue of Permit)

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

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

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

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

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

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

RULES OF PRACTICE

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

B.-THIS IS A
ANENT RECORD.
Use only

TE APPROVED
k ink or black
ewriter ribbon.

INSTRUCTIONS
FOR
CAL CERTIFICATE

In giving

E OF DEATH

o not enter
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use for each
(a), (b) and (c)

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ode of dying,
as heart failure,
ia, etc. It means
ease, or compli-
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ditions, if any,
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CHAP. 46, §§ 9 &

CHAP. 114 §§ 45,

CHAP. 38 § 6.)

m. 5.

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. 4

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

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

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

(a) Residence. No. 94 Somerset Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 21 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July, 1954, to Jan 8, 1959
I last saw h alive on Jan 6, 1959, death is said to
have occurred on the date stated above, at 12:30 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INSUFFICIENCY

2 days

Due To ARTERIOCLEROTIC HEART DISEASE

(b) ARTERIOCLEROTIC HEART DISEASE

10 yrs

Due To ARTERIOCLEROSIS

(c) ARTERIOCLEROSIS

10 yrs

OTHER SIGNIFICANT CONDITIONS Cerebral Hemorrhage

Nov. 26 1958

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 Woodbury Ave. Date Jan. 9, 1959

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

DATE OF BURIAL January 10, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed January 9, 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years 2 Months 30 Days
If under 24 hours
Hours Minutes

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

14 Industry or Business general and hospital nursing

15 Social Security No. none

16 BIRTHPLACE (City) Canada
(State or country)

17 NAME OF FATHER Henry Physter

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

19 MAIDEN NAME OF MOTHER Hannah ?

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

21 Informant Mrs. Sarah Whorf
(Address) 94 Somerset Ave. Winthrop

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

(Signature of Agent of Board of Health or other)

Health Officer 1/9/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

RECEIVED



JAN 9 1959 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. 5

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 83 Somerset Ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Michael Mahoney
(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. 83 Somerset Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 1 14 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
11/18 1957, to 1/14 1959

I last saw him alive on 1/13 1959, death is said to

have occurred on the date stated above, at FLA m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO-PNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH

2 DAYS

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? No
If so, specify

(Signed) Fred O'Brien, M. D.

(Address) 113 Pleasant Street, Winthrop, Mass. Date 1/14 1959

6 Cambridge Catholic Cem Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 17 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed JAN 16 1959 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 Heaney
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Gardener
(Kind of work done during most of working life)

14 Industry or Business: Landscape

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Jeremiah Mahoney

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER Julia Hurley

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21 Informant Eugene Mahoney
(Address) 83 Somerset Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/16/59

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
case, or compli-
which causedtions, if any,
gave rise to
cause (a).
g the under-
cause last.ditions contrib-
o death but not
to the terminal
condition givene: Chapter 137,
of 1954, requires
cians to print or
the cause or
s of death on
certificates.

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.....

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.)

25M-2-58-922072

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

COPY OF
CERTIFICATE OF DEATH

Registered No. 80 6

PLACE OF DEATH
 1 Middlesex (County)
 Cambridge (City or Town)

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

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

(a) Residence. No. 590 Shirley Court St. Winthrop, Massachusetts
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 9 years. 9 months. 9 days. In place of residence. no years. no months. no days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 18, 1959
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 9, 1959 to January 18, 1959
 I last saw him alive on January 18, 1959, death is said to have occurred on the date stated above, at 7:45 p. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
 (a) Metastatic carcinoma to
 Due To abdomen, lung and bone
 (b) (primary site undetermined)
 Due To
 (c)

OTHER SIGNIFICANT CONDITIONS no

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) Philip J. Landry, Jr., M. D.
 (Address) Holy Ghost Hosp. Jan. 19, 1959
New Calvary Cem. Boston

6 Place of Burial or Cremation Jan. 22, 1959 (City or Town)

DATE OF BURIAL Jan. 22, 1959

7 NAME OF FUNERAL DIRECTOR Charles P. Chapman
 ADDRESS 490 Columbia Rd. Dorchester

Received and filed Feb. 4, 1959 19 59
 (Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced HUSBAND of John J. Shaw
 (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 1 Months 25 Days If under 24 hours Hours Minutes

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

14 Industry or Business At Home

15 Social Security No. None

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

17 NAME OF FATHER Joseph Chadbourne

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

19 MAIDEN NAME OF MOTHER Catherine Kenney

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

21 Informant (Address) Mrs. James Roche-cousin
607 Dix Rd., Sterlingfield, Conn.

A TRUE COPY

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

DATE FILED Jan. 19, 1959

RECEIVED



FEB - 4 1959 AM

THIS IS A
 ANENT RECORD
 Use only
 APPROVED
 ink or black
 writer ribbon.

INSTRUCTIONS
 FOR
 AL CERTIFICATE

in giving
 OF DEATH

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

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

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

ditions contrib-
 to death but not
 to the terminal
 condition given

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

CHAP. 46, §§ 9 &
 CHAP. 114 §§ 45,
 CHAP. 38 § 6.)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 64 Bates Avenue

2 FULL NAME Idore Bror Tornrose

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

(a) Residence. No. 64 Bates Avenue

(Usual place of abode)

Length of stay: In place of death 55 years months days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 22 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from 1/20, 1959, to 1/22, 1959

I last saw him alive on 1/20, 1959, death is said to

have occurred on the date stated above, at 8:30 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GANGRENE - LEFT FOOT & LEG

3 mo.

Due To (b) GENERAL ARTERIO SCLEROSIS
AND

1 yr.

Due To (c) ARTERIO-SCLEROTIC HEART
DIS.

6 mo.

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) Myron H. King, M. D.

(Address) 222 PLEASANT ST. WINTHROP, MASS. 1/23/59

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

DATE OF BURIAL January 24 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JAN 23 1959

(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. 7

(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 married
 WIDOWED or DIVORCED10a If married, widowed, or divorced
 HUSBAND of Mathilda Lilliefors
 (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 0 Days If under 24 hours
 Hours Minutes13 Usual Occupation retired manufacturer
 (Kind of work done during most of working life)

14 Industry or Business: ornamental light fixtures

15 Social Security No. 033-16-1304

16 BIRTHPLACE (City) Lilla Edith
 (State or country) Sweden

17 NAME OF FATHER Jan Peter Tornrose

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

19 MAIDEN NAME OF MOTHER Ina Lena Engelsebreckt

20 BIRTHPLACE OF MOTHER (City) Sweden
 (State or country)21 Informant Oliver W. Tornrose
 (Address) 337 Washington St. MelroseI 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 1/23/59
 (Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

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

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

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

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

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

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

JAN 23 1959 PM

MR-301A

INSTRUCTIONS
FOR
VITAL CERTIFICATEn giving
OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
ode of dying,
s heart failure,
, etc. It means
ase, or compli-
which causedditions, if any,
o death but not
to the terminal
condition given- Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

50M-11-56-91897B

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 Com. Hosp.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME John C. Higgins
(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. 26 Pico Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 14 days. In place of residence 19 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN 23 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
MAR 1950 to JAN 23 1959
I last saw him alive on JAN 23 1959, death is said to
have occurred on the date stated above, at 330 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL
INFARCTION 4 DAYS(b) DUE TO ARTERIO-SCLEROTIC
HEART DISEASE 5 YRS.

(c) DUE TO GENERAL ARTERIO-SCLEROSIS 5 YRS.

OTHER SIGNIFICANT CONDITIONS CHRONIC BRONCHITIS 10 YRS.

Was autopsy performed? No.

What test confirmed diagnosis? EKG + 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 Street, Winthrop, Mass. 1/23 1959

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

DATE OF BURIAL Jan. 26 1959

7 NAME OF FUNERAL DIRECTOR Maurice V. Kirby

ADDRESS Winthrop

Received and filed JAN 23 1959 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 Elizabeth A. Jones
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Mechanic (PST.)
(Kind of work done during most of working life)

14 Industry or Business: Building Elevators

15 Social Security No. Not known

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

17 NAME OF FATHER John Higgins

18 BIRTHPLACE OF St. John N. E.

FATHER (City)
(State or country)

19 MAIDEN NAME OF MOTHER Mary Ferrans

20 BIRTHPLACE OF Woburn
MOTHER (City) Mass.21 Informant Elizabeth A. Higgins
(Address) 26 Pico Ave Winthrop, MassI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 1/23/59
(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 last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 violence (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

No. 41 Washington Ave., (Bay View Nursing Home) (If death occurred in a hospital or institution, state its NAME instead of street and number)2 FULL NAME Winifred G. Brawley (Leonard)
(If deceased 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. 912 Shirley Street, Winthrop St. _____
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 6 years 6 months 14 days. In place of residence 14 years 6 months 14 days.INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
e than one
e for each
, (b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ose, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause lost.ditions contrib-
to death but not
to the terminal
condition givenChapter 137,
1954, requires
plans to print or
the cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 24 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July, 1957, to 24 January, 1959
I last saw her alive on 19 January, 1959, death is said tohave occurred on the date stated above, at 2 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis 2 yrsDue To (b) Carcinoma of Breast 5 yrs

Due To (c) _____

OTHER
SIGNIFICANT
CONDITIONS NoneWas autopsy performed? no
What test confirmed diagnosis? X-ray; surgery 19535 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 24 Jan 19596 Mt. Benedict Cemetery, Boston
Place of Burial or Cremation (City or Town)DATE OF BURIAL January 26th 19597 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. BostonReceived and filed JAN 27 1959 19
John A. Gask (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of Henry A. Brawley
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 5 Months 17 Days
If under 24 hours
____ Hours ____ Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)14 Industry or Business: At home15 Social Security No. None16 BIRTHPLACE (City) Boston
(State or country) Mass.17 NAME OF FATHER John Leonard18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.19 MAIDEN NAME OF MOTHER Mary Heffernan20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Mrs. Harriett C. Ronan-Dau.
(Address) 35 Birch Rd., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Firearmy
(Signature of Agent of Board of Health or other)
Health Officer 1/25/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MR-301A

INSTRUCTIONS
FOR
AL CERTIFICATEn giving
OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
ode of dying,
s heart failure,
, etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
o death but not
to the terminal
condition givenChapter 137,
of 1954, requires
plans to print or
the cause or
of death on
certificates.

50M-1-58-921876

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. 10

No. Winthrop Convelescent Home

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

2 FULL NAME Theresa F. Lagorio

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

PHYSICIAN - IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 14 Oxford Park
(Usual place of abode)St. Revere, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 28, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 5, 1948 to Jan 27, 1959

I last saw h alive on Jan 27, 1959, death is said to
have occurred on the date stated above, at 4:10 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIO RENAL
DISEASE

Due To (b) HYPERTENSION

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) Francis Licata, M. D.

(Address) 81 Revere St. Date Jan 29, 1959

6 Old Calvary Boston, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL January 31, 1959

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella

ADDRESS 876 Winthrop Ave., Revere

Received and filed JAN 30 1959 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 84 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. None

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

17 NAME OF FATHER Stephen Lagorio

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

19 MAIDEN NAME OF MOTHER Louisa Leverone

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy21 Informant Fred Lagorio
(Address) 14 Oxford Park, RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with the BOARD 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.

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

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

MR-301A

INSTRUCTIONS
FOR
AL CERTIFICATEIn giving
OF DEATHnot enter
re than one
se for each
, (b) and (c)does not mean
ode of dying,
s heart failure,
i, etc. It means
case, or compli-
which causedtions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
o death but not
to the terminal
condition givenChapter 137,
1954, requires
plans to print or
the cause or
of death on
certificates.

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. 11

STANDARD
CERTIFICATE OF DEATH

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

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

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

(a) **Residence** No. 218 Bradstreet Ave St. Revere
 (Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH <u>January 29</u> (Month) <u>1959</u> (Year)	8 SEX <u>Female</u>	9 COLOR <u>White</u>	10 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> <u>or DIVORCED</u> <u>Widowed</u>
4 I HEREBY CERTIFY , That I attended deceased from <u>Jan. 11</u> , 19 <u>59</u> , to <u>Jan. 29</u> , 19 <u>59</u> I last saw her alive on <u>Jan. 29</u> , 19 <u>59</u> . death is said to have occurred on the date stated above, at <u>1:12 p.m.</u>	10a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of <u>JAMES M. ANDREWS</u> (Husband's name in full)		
DEATH WAS CAUSED BY: IMMEDIATE CAUSE <u>General carcinomatosis</u>	11 IF STILLBORN, enter that fact here.		
INTERVAL BETWEEN ONSET AND DEATH <u>3-4 mos.</u>	12 AGE <u>68</u> Years <u>6</u> Months <u>18</u> Days If under 24 hours _____ Hours _____ Minutes		
Due To (b) <u>Cancer of uterus and ovaries</u>	13 Usual Occupation: <u>Social Worker</u> (Kind of work done during most of working life)		
Due To (c) <u>Cancer of Bowel</u>	14 Industry or Business: <u>City of Revere</u>		
OTHER SIGNIFICANT CONDITIONS	15 Social Security No. <u>None</u>		
Was autopsy performed? <u>no</u>	16 BIRTHPLACE (City) (State or country) <u>Boston MASS.</u>		
What test confirmed diagnosis? <u>operation; path. exam.</u>	17 NAME OF FATHER <u>John F. Monahan</u>		
5 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	18 BIRTHPLACE OF FATHER (City) (State or country) <u>Sheffield England</u>		
(Signed) <u>John S. Regal</u> , M. D.	19 MAIDEN NAME OF MOTHER <u>Dalia F. Broughey</u>		
(Address) <u>77 Shirley Ave. Rm. 1/30</u> Date <u>1/30</u> 19 <u>59</u>	20 BIRTHPLACE OF MOTHER (City) (State or country) <u>Milford MASS.</u>		
6 <u>Holy Cross</u> <u>Malden</u> Place of Burial or Cremation (City or Town)	21 Informant (Address) <u>Joseph T. Andrews</u> <u>155 Warren St. Revere</u>		
DATE OF BURIAL <u>Feb. 2</u> 19 <u>59</u>	I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Ralph C. Sullivan</u> (Signature of Agent of Board of Health or other Health Officer) <u>1/30/59</u> (Official Designation) (Date of Issue of Permit)		
7 NAME OF FUNERAL DIRECTOR <u>Archibald J. Powell</u> ADDRESS <u>876 Winthrop Ave. Revere</u>	Received and filed <u>JAN 30 1959</u> 19 <u>59</u> (Registrar)		

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. 612, Sec. 4, Acts of 1945.

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEa giving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedians, 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
he cause or
e of death on
certificates.

50M-11-56-918978

1

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No.

142 Pleasant St.

2 FULL NAME Amy L (Nickerson) Nelson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 70 Lincoln Street
(Usual place of abode)

Length of stay: In place of death 8 years months days. In place of residence 39 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 30, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 17, 1951, to Jan. 30, 1959
I last saw her alive on Jan. 29, 1959, death is said to
have occurred on the date stated above, at 9:50 p. m.INTERVAL
BETWEEN
ONSET AND
DEATH

20 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bilateral bronchopneumonia

Due To (b) Parkinson's disease

10 yrs

Due To (c) Generalized arteriosclerosis

10 yrs

OTHER SIGNIFICANT CONDITIONS Cerebral arteriosclerosis

5 yrs.

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. Traubstein, M. D.

(Address) 73 Bartlett Rd. Date Jan. 31, 1959

6 Winthrop Winthrop 52, Mass. Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 3 1959

7 NAME OF FUNERAL DIRECTOR Howard S. Symonds

ADDRESS Winthrop, Mass.

Received and filed FEB 2 1959

(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.

12

(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 Married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Ellis Nelson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 5 19
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) Doctors Cove
(State or country) Nova Scotia

17 NAME OF FATHER Thomas Nickerson

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

19 MAIDEN NAME OF MOTHER Sarah Swinn

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia21 Informant Ellis Nelson
(Address) 70 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) Health Officer (Date of Issue of Permit) 2/2/59

U.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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 remove a dead body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town 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.)

50M-11-55-916145

PLACE OF DEATH		Suffolk		Chelsea		Chelsea	
		(County)		(City or Town)		(City or Town making this return)	
1		U.S. Naval Hospital		No.		Registered No. 16 13	
2 FULL NAME		Baby Girl Deal		(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.		86 Sagamore Ave.,		Winthrop, Mass.		(If nonresident, give city or town and State)	
Length of stay: In place of death		years. months. 1 days.		In place of residence		years. months. days.	
MEDICAL CERTIFICATE OF DEATH				PERSONAL AND STATISTICAL PARTICULARS			
3 DATE OF DEATH		Jan. 9, 1959		8 SEX		9 COLOR	
(Month) (Day) (Year)				Female		White	
4 I HEREBY CERTIFY, That I attended deceased from		Jan. 9, 1959 to Jan. 9, 1959		10 SINGLE (write the word)		MARRIED WIDOWED or DIVORCED	
I last saw him alive on Jan. 9, 1959, death is said to		have occurred on the date stated above, at 1005 P.M.		10a If married, widowed, or divorced		HUSBAND of (Give maiden name of wife in full)	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(a) Prematurity		11 IF STILLBORN, enter that fact here.			
Due To (b)				12 AGE		Years Months Days	
Due To (c)				13 Usual Occupation:		(Kind of work done during most of working life)	
OTHER SIGNIFICANT CONDITIONS				14 Industry or Business:			
Was autopsy performed?				15 Social Security No.			
What test confirmed diagnosis?				16 BIRTHPLACE (City) Chelsea, Mass.		(State or country)	
5 Was disease or injury in any way related to occupation of deceased?		If so, specify.		17 NAME OF FATHER		John S.	
(Signed) L. Marinelli, Lt. MC USN		M. D.		18 BIRTHPLACE OF FATHER (City)		Hot Springs, Ark.	
(Address) USNH, Chelsea, Mass. 1/9/59		19		19 MAIDEN NAME OF MOTHER		Lola I. Fernandez	
6 Place of Burial or Cremation		Jan. 12, 1959		20 BIRTHPLACE OF MOTHER (City)		Bogota, Columbia	
DATE OF BURIAL				21 Informant (Address)		John S. Deal-father 86 Sagamore Ave., Winthrop	
7 NAME OF FUNERAL DIRECTOR		R.C. Kirby		A TRUE COPY		Joseph A. Tyrrell	
ADDRESS		East Boston, Mass.		ATTEST:		(Registrar of City or Town where death occurred)	
Received and filed		19		DATE FILED		Jan. 12, 1959	
(Registrar of City or Town where deceased resided)							

RECEIVED



FEB 13 1959 AM

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

25M-5-52-907046

X

1 PLACE OF DEATH

Middlesex

(County)

Cambridge

(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

Cambridge

(City or town making return)

Registered No.

142 11

No. 907 Massachusetts Av.

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

2 FULL NAME

Henry J. Lappen

(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.

87 Winthrop

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

January 30, 1959

(Month)

(Day)

(Year)

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

Coronary Heart Disease

Sudden Death

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did

Injury occur?

(City or town and State)

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

(Specify type of place)

Manner of

Injury

(How did injury occur?)

Nature of

Injury

While at work? Was autopsy performed?

No

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

If so, specify

David C. Dow

(Signed)

Cambridge, Mass.

Date 1-30

M. D.

(Address)

7 Winthrop Cemetery Winthrop

Place of Burial, or Cremation.

February 2, 1959

(City or Town)

8 NAME OF

FUNERAL DIRECTOR

Maurice Kinby

Winthrop, Mass.

ADDRESS

FEB 10 1959

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

M

10 COLOR OR RACE

White

11 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

11a If married, widowed or divorced

HUSBAND of

Susan A. Greenfield

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

70

AGE

Years

Months

Days

If under 24 hours

Hours Minutes

14 Usual

Occupation

Storekeeper

(Kind of work done during most of working life)

15 Industry

or Business

Retired

013-28-7253

16 Social Security No.

17 BIRTHPLACE (City)

Boston, Mass.

(State or country)

18 NAME OF

FATHER

Henry A. Lappen

19 BIRTHPLACE OF

Ireland

FATHER (City)

(State or country)

20 MAIDEN NAME

OF MOTHER

Catherine Kennedy

21 BIRTHPLACE OF

Boston, Mass.

MOTHER (City)

(State or country)

22

Informant

(Address)

Susan A. Lappen

87 Winthrop St. Winthrop

A TRUE COPY.

Frederick H. Burke

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Feb. 3, 1959

REMOVED FROM TAB CARD NOT

RECEIVED



FEB 10 1959 AM

3.-THIS IS A
ANENT RECORD.
Use only
E APPROVED
k ink or black
writer ribbon.

STRUCTIONS
FOR
AL CERTIFICATE

n giving
OF DEATH

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

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

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

ditions contrib-
to death but not
to the terminal
condition given

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

HAP. 46, §§ 9 &
HAP. 114 §§ 45,
CHAP. 38 § 6.)

MIS

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. **15**

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. **89 Somerset Avenue**(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.)

Cronin, Daniel Leo

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. **89 Somerset Avenue**
(Usual place of abode)St. **Winthrop Boston Massachusetts**
(If nonresident, give city or town and State)Length of stay: In place of death **1** years **2** months **2** days. In place of residence **1** years **2** months **2** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH**February 2 - 1959**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 1959, to **February 1959**
I last saw him alive on **Jan 31 - 1959**, death is said tohave occurred on the date stated above, at **3:40 P.** m.INTERVAL
BETWEEN
ONSET AND
DEATH**18 mos**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **ADENOCARCINOMA OF CECUM
& CARCINOMATOSIS**Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? **no**What test confirmed diagnosis? **Surgery**

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

If so, specify **superior**(Signed) **Peter L. Sweeney**, M. D.(Address) **6 Appleton St. Malden** Date **2/3/59** 196 **Calvary Cemetery Woburn, Mass.**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **February 5, 1959** 197 NAME OF
FUNERAL DIRECTOR**Alfred B. Marsh**
ADDRESS **174 Winthrop St. Winthrop, Mass.**Received and filed **2-5-59** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED**male white**

10a If married, widowed, or divorced

HUSBAND of **Louise Myron**
(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 **11** Months **17** DaysIf under 24 hours
____ Hours ____ Minutes13 Usual Occupation: **Retired Police Officer**
(Kind of work done during most of working life)14 Industry or Business: **City Of Boston**15 Social Security No. **012-05-1495**16 BIRTHPLACE (City) **South Boston**
(State or country) **Mass.**17 NAME OF FATHER **Mortimer Cronin**18 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)19 MAIDEN NAME OF MOTHER **Anna Noonan**20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)21 Informant **Mrs. Gyrdis W. Dickinson**
(Address) **89 Somerset Ave. Winthrop**I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:**Mass. Ralph C. Sweeney**
(Signature of Agent of Board of Health or other)**Heald Officer** **2/4/59**
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

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

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

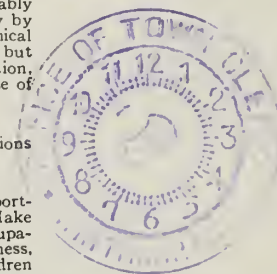
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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

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

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

RECEIVED



FEB - 5 1959 AM

1R-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 causedns, if any,
ave rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
as to print or
e cause or
of death on
certificates.

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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 16

No. Bay View Nursing Home 41 Washington Ave. (If death occurred in a hospital or institution,
NAME instead of street and number)2 FULL NAME Joseph S. Cann
(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. 3 Willis Avenue, Winthrop St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 3 months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 4 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
August 1957, to Feb. 4, 1959.
I last saw him alive on Feb 4, 1959, death is said to

have occurred on the date stated above, at 7:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive Coronary Artery
Heart Disease.INTERVAL
BETWEEN
ONSET AND
DEATH

2 yrs.

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Varicose Ulcers

1 yr.

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 2/5/1959

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

DATE OF BURIAL February 7th 19 59

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed FEB 5 1959 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 Sarepta Cox
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 7 Months 26 Days If under 24 hours
Hours Minutes13 Usual Occupation: Proprietor Retired
(Kind of work done during most of working life)

14 Industry or Business: Restaurant

15 Social Security No. 012-18-1057

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

17 NAME OF FATHER Jesse Cann

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

19 MAIDEN NAME OF MOTHER Mary Crosby

20 BIRTHPLACE OF MOTHER (City) CBL
(State or country) Nova Scotia21 Informant: Jesse C. Cann-Son
(Address) 3 Willis Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Liberman, D.
(Signature of Agent of Board of Health or other)Health Officer 2/5/1959
(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).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

50M-11-56-918978

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. 17

No. Winthrop Comm. Hosp.

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

2 FULL NAME Baby Boy MacDonald

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 281 Washington Ave. Chelsea, 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 2 4 59
(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

INTERVAL
BETWEEN
ONSET AND
DEATHDue To 7 mons. premature - hydro
(b) cephalic head.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

(Signed) Louis Edelman M.D., M. D.

(Address) 1903 24th St. Date 2/4/59

6 Woodlawn Cemetery, Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 5, 1959

7 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano

ADDRESS 147 Winthrop St. Winthrop

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 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: (Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. Winthrop, Mass

16 BIRTHPLACE (City)
(State or country)

17 NAME OF FATHER Jerome MacDonald

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

19 MAIDEN NAME OF MOTHER Rose Dutra

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass21 Informant Winthrop Community Hosp.
(Address) Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 2/4/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

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

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

STANDARD CERTIFICATE OF DEATH

Registered No. 18

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. *24 Hawthorne Ave*

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

2 FULL NAME *Philip Laffer*
(If deceased 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 Neptune Ave*
(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 *February 6 1959*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
—, 19—, to —, 19—.

I last saw him alive on —, 19—, death is said to
have occurred on the date stated above, at *9:45 A. M.*

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Natural Causes*

Due To (b) *Presumably*

Due To (c) *Coronary Occlusion sudden*

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.

Board of Health Date *6 Feb 1959*

6 *CHEVRA THILIM* *Winthrop*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Feb 8 1959*

7 NAME OF FUNERAL DIRECTOR *Torj Funeral Service Inc*

ADDRESS *Washington Ave Chelsea*

Received and filed. *FEB - 9 1959* 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 *Betty Sundell*
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 *74* AGE *Years* — Months — Days If under 24 hours
Hours — Minutes

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

14 Industry or Business: *Retail Food*

15 Social Security No.

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

17 NAME OF FATHER *C. B. Laffer*

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 *Mrs J. Sundell*
(Address) *32 Seabell 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. Scramm
(Signature of Agent of Board of Health or other)

(Official Designation)

Feb. 8, 1959
(Date of Issue of Permit)

R-301A

DUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

ot 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,
have rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ns to print or
ie cause or
of death on
certificates.

100M-11-55-916145

S.

X

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-
t-e 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, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

25M-8-57-920750

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. *39*

1 *En route to Winthrop Community Hospital* (If death occurred in a hospital or institution, St. (give its NAME instead of street and number))
2 FULL NAME *Bonnie M. Withee* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *73 Loring Rd. Winthrop Mass* (Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death *7* years *12* months *7* days. In place of residence *12* years *12* months *7* days.

PHYSICIAN — IMPORTANT

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *February 8, 1959*
(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.)
STATUS ASTHMATICUS WITH ACUTE ASPHYXIAL STATE

5 Accident, suicide, or homicide (specify)
Date and hour of injury19.....
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 *Michael Thompson* M. D.
(Signed)
(Address) *Boston* Date *2/8* 19 *59*
7 *WINTHROP* *WINTHROP*
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL *FEB 11* 19 *59*
8 NAME OF FUNERAL DIRECTOR *NAURICE W. KIRBY*
ADDRESS *WINTHROP*

Received and filed19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *FEMALE* 10 COLOR OR RACE *WHITE* 11 SINGLE (write the word) *MARRIED* *WIDOWED* or *DIVORCED* *SINGLE*
11a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)
12 IF STILLBORN, enter that fact here.
13 AGE *12* Years Months Days If under 24 hours Hours Minutes
14 Usual Occupation: *SCHOOL - Student*
(Kind of work done during most of working life)
15 Industry or Business:
16 Social Security No.
17 BIRTHPLACE (City) *WINTHROP*
(State or country)
18 NAME OF FATHER *DONALD C. WITHEE*
19 BIRTHPLACE OF FATHER (City) *PITTSFIELD*
(State or country) *MAINE*
20 MAIDEN NAME OF MOTHER *EVELYN M. HOSKER*
21 BIRTHPLACE OF MOTHER (City) *WINTHROP*
(State or country) *MASS*
22 Informant (Address) *DONALD C. WITHEE*
73 LORING RD WINTHROP
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Malcolm E. Brennan
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) *2/10/59*

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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.ions contrib-
death but not
the terminal
ndition givenChapter 137,
95A, requires
s to print or
cause or
death on
ificates.

50M-11-56-918978

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. 20

No. Winthrop Community Hosp.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME BABY BOY ROBERSON
(If deceased 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 Beach Rd.
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY 9, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
FEB 9, 1959, to FEB 9, 1959.
I last saw him live on FEB 9, 1959, death is said to
have occurred on the date stated above, at 2:05 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) STILLBORN

Due To (b) PREMATUREITY

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. M. Caplan, M. D.

(Address) 186 PRINCETON ST. EAST BOSTON Date FEB 9, 1959

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

DATE OF BURIAL February 11 1959

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

Received and filed 2-10 1959

(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 (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 H. Roberson

18 BIRTHPLACE OF FATHER (City) Chicago Illinois
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Vincent

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant, James H. Roberson
(Address) 59 Beach 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 Office 2/10/59
(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).

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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 DEATHnt enter
than one
for each
b) and (c)oes not mean
of dying,
heart failure,
tc. It means
e, or compli-
which causeds, if any,
ave rise to
ause (a),
the under-
ause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
954, requires
s to print or
cause or
f death on
ificates.

50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 142 Pleasant Street



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. 21

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Grace A (Leger) Cunningham
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 141 Quincy Ave.
(Usual place of abode)

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

Length of stay: In place of death years months 14 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 12, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March, 1950, 19 to Feb. 12, 1959
I last saw her alive on Feb. 12, 1959, death is said to
have occurred on the date stated above, at 10:30p m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarction

INTERVAL
BETWEEN
ONSET AND
DEATH

5 wks

Due To Coronary sclerosis
(b)

2 yrs

Due To Arteriosclerotic heart dis-
(c) ease and generalized arterio-
sclerosis

5 yrs

OTHER SIGNIFICANT Hypertrophic arthritis
CONDITIONS

5 yrs

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) M. Traubstein Jr., M. D.

(Address) 73 Bartlett Road Date 2-11-59

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

DATE OF BURIAL Feb 16 19 59

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed FEB 16 1959 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 Ralph M Cunningham
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 4 Months 12 Days

If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) New York City
(State or country) New York

17 NAME OF FATHER Alfred Leger

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

19 MAIDEN NAME OF MOTHER Margaret Fanning

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Ralph L Cunningham
(Address) 141 Quincy Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 2/16/59
(Official Designation) (Date of Issue of Permit)

V.R.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. 43, G. L., (Tercentenary Edition).

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

IN B-303-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-8-57-920750

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. *22*

En route to Winthrop Community Hospital
No. *1* (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME *ISADORE H. WISEMAN alias LEO WISEMAN*
(If deceased 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 Caddy 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.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Feb 13 1959*
(Month) (Day) (Year)

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

CORONARY OCCLUSION

5 Accident, suicide, or homicide (specify)

Date and hour of injury19.....

Where did
Injury occur?

(City or town and State)

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

public place?

(Specify type of place)

Manner of
Injury

Nature of
Injury

(How did injury occur?)

While at work? *yes* Was autopsy performed? *no*

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

If so, specify

(Signed) *Michael P. Lyons* M. D.

(Address) *Boston* Date *2/13 1959*

7 *Hand in Hand Cem. W. Roxbury*
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL *Feb. 15th* 19*59*

8 NAME OF FUNERAL DIRECTOR *Samuel Levine*

ADDRESS *394 Wash. St., Dorchester*

Received and filed *FEB 20 1959* 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 *Frances Friedburg*
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

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

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

15 Industry or Business: *Globe Paper (NEWS)*

16 Social Security No. *031-22-1255*

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

18 NAME OF FATHER *Joseph Wiseman*

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

20 MAIDEN NAME OF MOTHER *-----*

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

22 Informant *Frances Wiseman*
(Address) *6 Caddy Rd. Mattapan*

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

Eugene S. ... 17094
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

THIS IS A
NMENT RECORD.
se only

APPROVED
ink or black
printer ribbon.

INSTRUCTIONS
FOR
CERTIFICATE

giving
S OF DEATH

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

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

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

otions contrib-
death but not
to the terminal
condition given

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

CAP. 46, §§ 9 &

CAP. 114 §§ 45,

(CAP. 38 § 6.)

C.

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. 23

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 Mildred Frances Crowell (Tucker)
(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. 393 Pleasant Street
(Usual place of abode) 3 hours

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

Length of stay: In place of death years months days. In place of residence 58 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 15 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
11-20, 1952, to Feb 15, 1959I last saw her alive on Feb 15, 1959, death is said to
have occurred on the date stated above, at 3 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

hours

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular
Hemorrhage

Due To (b) Cerebral hemorrhage

(c) Secondary

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) [Signature], M. D.

(Address) 194 Washington St. Date 2-16-59

6 Woodlawn Cemetery Everett, Mass.

Place of Burial or Cremation EVERETT (City or Town)

DATE OF BURIAL February 17, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 19 1959

(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 John Newton Crowell
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 9 Months 10 Days If under 24 hours
Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

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

17 NAME OF FATHER George Tucker

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

19 MAIDEN NAME OF MOTHER Fanny Westcott

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Sidvin Frank Tucker
(Address) 393 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)
Health Officer 2/17/59
(Official Designation) (Date of Issue of Permit)

V.B.V.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

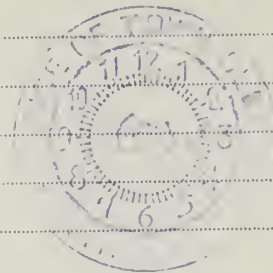
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RECEIVED



FEB 19 1959 AM

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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
e. or compli-
which causedns, if any,
ave rise to
cause (a),
the under-
cause last.ions contrib-
leath but not
the terminal
ndition givenChapter 137,
54, requires
s to print or
cause or
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.

21

No. Winthrop Community Hospital

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

2 FULL NAME Mary Flynn Marsh

(If deceased 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. 41 Bates Ave.

St. Winthrop

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 21 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 15, 1957 to Feb 20, 1959

I last saw him alive on Feb 20, 1959, death is said to

have occurred on the date stated above, at 945 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) myocarditis

INTERVAL
BETWEEN
ONSET AND
DEATH

3 days

Due To (b) Carcinomatosis

(Breast)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? Clinical Signs

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

If so, specify

(Signed) Daniel J. Cronin, M. D.

(Address) 78 North St. Winthrop Date Dec 21 1959

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

DATE OF BURIAL February 25, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed 3-24-59 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Dowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Francis E. Marsh

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 6 Years

Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Retired Operator

(Kind of work done during most of working life)

14 Industry

or Business:

Telephone Co

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF

FATHER

Daniel J. Flynn

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Mary J. Foley

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Joseph F. Marsh

41 Bates Ave., Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

U.B.V.

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

does not mean
of dying,
heart failure,
etc. It means
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,
95A, requires
s to print or
cause or
(death on
tificates.

50M-11-56-918978

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. _____

25

No. ~~104 Highland Ave.~~ ^{Convalescent} Mount's Nursing Home. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Matilda (Robinshaw) Cox
(If deceased is a married, widowed or divorced woman, give also maiden name.)

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

(a) Residence. No. 104 Highland Ave. St. _____
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 3 years _____ months _____ days. In place of residence 50 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 25 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from 1956, 19 Feb. 25, 19 59
I last saw her alive on Feb. 24, 19 59, death is said to
have occurred on the date stated above, at 5:00 P.M. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral vascular
accidentINTERVAL
BETWEEN
ONSET AND
DEATHHoursDue To (b) arteriosclerosis
generalized

Due To (c) _____

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Microscopic5 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____(Signed) Howard S Reynolds, M. D.(Address) 19 Winthrop Date 2-26 19 596 Fern Hill Hanson, Mass.
(City or Town)

Place of Burial or Cremation

DATE OF BURIAL Feb. 28 19 597 NAME OF FUNERAL DIRECTOR Howard S Reynolds
Winthrop, Mass.
ADDRESS

Received and filed _____ 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 E Cox
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 0 Months 2 Days
If under 24 hours
____ Hours ____ Minutes13 Usual Housewife
Occupation: _____
(Kind of work done during most of working life)14 Industry Own home
or Business: _____15 Social Security No. None16 BIRTHPLACE (City) New Brunswick, Canada
(State or country)17 NAME OF FATHER Peter Robinshaw18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)19 MAIDEN NAME OF MOTHER Emphrasia20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant O.A.A. Records
(Address) Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Seranney
(Signature of Agent of Board of Health or other
Health Officer) 2/27/59
(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.

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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. 26

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

2 FULL NAME KAREN GILFOYLE
(If deceased 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 Townsend Street St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 8 months 5 days. In place of residence 2 years 8 months 5 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 27 1959
(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.)

PNEUMONITIS

5 Accident, suicide, or homicide (specify)

Date and hour of injury19.....

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) Leonard Cronin M. D.
(Address) 25 Shattuck St., Date 2/27 1959

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

DATE OF BURIAL MARCH 2 1959

8 NAME OF FUNERAL DIRECTOR Maurice J. Ruby
ADDRESS WINTHROP

Received and filed MAR 2 1959 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

11a If married, widowed, or divorced

HUSBAND of
(Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 5 Years 8 Months 5 Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: NONE
(Kind of work done during most of working life)

15 Industry or Business: NONE

16 Social Security No. NONE

17 BIRTHPLACE (City) WINTHROP
(State or country) MASS

18 NAME OF FATHER FRANCIS P GILFOYLE

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

20 MAIDEN NAME OF MOTHER FLORENCE P. FITZPATRICK

21 BIRTHPLACE OF MOTHER (City) CHELSEA
(State or country) MASS

22 Informant (Address) FRANCIS P GILFOYLE
1816 NEENID ST WINTHROP

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

Walter C. Sullivan
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/1/59 (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MR-301A

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(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. 116 27

No. MASSACHUSETTS GENERAL HOSPITAL

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

2 FULL NAME GEORGE KOCH

(If deceased 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 A Trident 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 9 days. In place of residence 15 years months days.

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 causednt, if any,
are rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
to print or
cause or
death on
ificates.

DECLINED BY MEDICAL EXAMINER

COM-1-58-921876

31 1959

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY 2 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 24, 1958, to Jan. 2, 1959

I last saw him alive on Jan. 2, 1958, death is said to

have occurred on the date stated above, at 6:25 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia, acute
right

Due To (b) Diabetes Mellitus

Due To (c)

OTHER SIGNIFICANT CONDITIONS Myocardial infarct, healed posterior 3 months
Diabetic glomerulonephritis 10 months

Was autopsy performed? yes

What test confirmed diagnosis? autopsy & clinical

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

(Signed)

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 1/3/ 1959

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

DATE OF BURIAL Jan. 5 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds JAN 12 1959
ADDRESS Winthrop Mass.

Received and filed. JAN 12 1959

Charles J. (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 Iva Holmes

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 11 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Machinist
(Kind of work done during most of working life)

14 Industry or Business: Boston Elevated

15 Social Security No. None

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

17 NAME OF FATHER Godfrey Koch

18 BIRTHPLACE OF FATHER (City) Providence
(State or country) R.I.

19 MAIDEN NAME OF MOTHER Sarah L. C. B. L.

20 BIRTHPLACE OF MOTHER (City) Providence
(State or country) R.I.21 Informant Iva Koch
(Address) 52A Trident 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)

753 1-5-59
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



MAR 31 1959 AM

MR-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

STANDARD

CERTIFICATE OF DEATH

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

28

00245

Registered No.

No. Boston Lying-in Hospital

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

2 FULL NAME

Baby Boy Thompson Twin 2

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

PHYSICIAN - IMPORTANT

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

(a) Residence. No.

30 CRYSTAL COVE AVE. ST. WINTHROP, 52, 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.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

JAN.

5

1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

JAN. 3, 1959, to JAN. 5, 1959

I last saw him alive on JAN. 5, 1959, 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)

HYALINE MEMBRANE
DISEASE

Due To

(b)

Subarachnoid hemorrhage

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Prematurity

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)

Dawson Reed, M. D.
221 Longwood Ave. Date Jan. 5, 1959

6 ST. MICHAELS CEM. BOSTON

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

JAN. 10,

1958

7 NAME OF

FUNERAL DIRECTOR

J. M. LINEHAN

ADDRESS

19 CHAMBERS ST. BOSTON

Received and filed

JAN 13 1959

19

Charles H. Zuckerman

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

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

James Thompson

18 BIRTHPLACE OF

FATHER (City)

E. Boston, Mass.

(State or country)

19 MAIDEN NAME

OF MOTHER

MILDRED HURLEY

20 BIRTHPLACE OF

MOTHER (City)

MEDFORD, Mass.

(State or country)

21

Informant

(Address)

Boston Lying-in Hospital

221 Longwood Ave. Boston, Mass.

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

W. Kane

(Signature of Agent of Board of Health or other)

845

1-9-59

(Official Designation)

(Date of Issue of Permit)

804-3-57-920345

31 1959

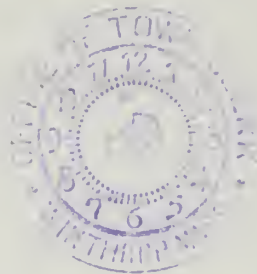
EXTRACTS

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



MAR 31 1959 AM

RM R-301A

INSTRUCTIONS
FOR
LOCAL CERTIFICATE

In giving
E OF DEATH

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

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

ditions, if any,
which gave rise to
the cause (a),
and the under-
cause last.

ditions contrib-
to death but not
to the terminal
condition given

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

R 31 1959

50M-5-57-920345

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

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

Registered No. 00245

No. Boston Lying-in Hospital (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)
2 FULL NAME Baby Boy Thompson Twin 2 } 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. 30 Crystal Cove Ave. St. WINTHROP, 52, MASS.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN. 5, 1959
(Month) (Day) (Year)
4 I HEREBY CERTIFY. That I attended deceased from
JAN. 3, 1959 to JAN. 5, 1959
I last saw him alive on JAN. 5, 1959, death is said to
have occurred on the date stated above, at 948 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) HYALINE MEMBRANE
DISEASE

Due To (b) Subarachnoid hemorrhage

Due To (c)

OTHER SIGNIFICANT CONDITIONS Prematurity

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) Dr. James P. Linehan, M. D.
226 Longwood Ave. Date Jan. 5, 1959

6 ST. MICHAELS CEM. BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JAN. 10, 1958

7 NAME OF FUNERAL DIRECTOR WM. LINEHAN
ADDRESS 19 CHAMBERS ST. BOSTON

Received and filed JAN 13 1959 19

Charles H. Jannick

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 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, Mass.
(State or country)

17 NAME OF FATHER JAMES THOMPSON

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

19 MAIDEN NAME OF MOTHER MILDRED HURLEY

20 BIRTHPLACE OF MOTHER (City) MEDFORD, MASS.
(State or country)

21 Boston Lying-in Hospital
Informant (Address) 221 Longwood Ave. 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)

845 1-9-59
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



MAR 31 1959 AM

RM 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

STANDARD

CERTIFICATE OF DEATH

OUT - OF - TOWN

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

00526

Registered No.

No. MASSACHUSETTS GENERAL HOSPITAL

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

2 FULL NAME EVERETT WORTHLEY

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

(a) Residence, No. 142 PLEASANT STREET
(Usual place of abode)St. WINTHROP, MASS.
(If nonresident, give city or town and State)

Length of stay: In place of death 1 years months days. In place of residence 75 years months days.

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHdo not enter
more than one
use for each
(a), (b) and (c)is does not mean
mode of dying,
as heart failure,
etc. It means
cause, or compli-
which causedditions, if any,
which gave rise to
cause (a),
the under-
cause last.ditions contrib-
to death but not
to the terminal
condition givenChapter 37,
of 1954, requires
clerks to print ar
the cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY 10 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 30, 1958, in Jan. 10, 1959

We last saw him live on Jan. 10, 1959 death is said to

have occurred on the date stated above, at 10:42 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

Due To Chronic Pyelonephritis
(b)Due To Carcinoma, prostate
(c)OTHER SIGNIFICANT
CONDITIONS Peritonitis

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. H. Clay, M. D.

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 1/12/ 1959

6 Place of Burial or Cremation Pine Grove Lynn Mass
(City or Town)

DATE OF BURIAL Jan 19 1959

7 NAME OF FUNERAL DIRECTOR Harry L. Richardson
ADDRESS 45 Lafayette Park Lynn

Received and filed Charles H. MacJAN 20 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Not Known
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 2 Months 12 Days If under 24 hours
Hours Minutes13 Usual Occupation Black Retired
(Kind of work done during most of working life)

14 Industry or Business: Rev Johnson Boston

15 Social Security No. 019-110-4218

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

17 NAME OF FATHER Mark John Worthley

18 BIRTHPLACE OF FATHER (City) Antwerp
(State or country) N. H.

19 MAIDEN NAME OF MOTHER Could not be learned

20 BIRTHPLACE OF MOTHER (City) Not Known
(State or country)21 Informant Mary O'Donnell
(Address) Old Age Office Lynn MassI 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)

982 1-16-59
(Official Designation) (Date of Issue of Permit)

RM-1-58-921876

R 31 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



MAR 31 1959 AM

MR-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

STANDARD

CERTIFICATE OF DEATH

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

30

Registered No. 00340

No. Mass. Memorial Hospitals

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

 2 FULL NAME John J. Doherty
 (If deceased 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. 20 Oceanview Street
 (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.

 INSTRUCTIONS
 FOR
 AL CERTIFICATE

 a giving
 OF DEATH

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

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

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

181

 itions contrib-
 death but not
 to the terminal
 condition given

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

50M-1-58-921876

31 1959

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH January 11, 1959
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from
 Jan. 2, 59 to Jan. 11, 59

I last saw him on Jan. 11, 59, death is said to

have occurred on the date stated above, at 2:35P m.

 INTERVAL
 BETWEEN
 ONSET AND
 DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis

 Due To Carcinoma of Bladder
 (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) Charles P. Lucas, M. D.
 (Address) 750 Harrison Ave Boston 1-11-59

 6 ~~Place of burial or cremation~~ ~~Winthrop Cem-Winthrop~~
 DATE OF BURIAL 1-14-59

 7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
 ADDRESS 210 Winthrop St., Winthrop

Received and filed JAN 15 1959 19

Charles A. Mackay

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

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

11 IF STILLBORN, enter that fact here.

 12 AGE 58 Years Months Days If under 24 hours
 Hours Minutes

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

14 Industry or Business: N.E. Tel. & Tel.

15 Social Security No. unknown

 16 BIRTHPLACE (City) Worcester
 (State or country)

17 NAME OF FATHER John Doherty

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

19 MAIDEN NAME OF MOTHER Ellen Conlin

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

 21 Informant Mary E. Doherty
 (Address) 20 Ocean view St., Winthrop

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

W. J. Kane

(Signature of Agent of Board of Health or other)

 879
 (Official Designation)

 1-12-59
 (Date of Issue of Permit)

V.B.V

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



MAR 31 1959 AM

MR-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

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health

111522

Registered No.

No. MASSACHUSETTS GENERAL HOSPITAL

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

2 FULL NAME MARY 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)

(a) Residence, No.

PEACON VILLA 31 Villa Ave. St. WINTHROP, MASS.

(Usual place of abode)

(If nonresident, give city or town and State)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY 13 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 13, (1:15P) to Jan. 13, 1959I last saw her alive on Jan. 13, 1959, death is said to
have occurred on the date stated above, at 11:58P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

INTERVAL
BETWEEN
ONSET AND
DEATH
1 d ay

Due To Hypertensive heart disease

(b) year

Due To Arteriosclerotic heart disease

(c) yrs.

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) C. H. Allen, M. D.

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 1/14/ 1959

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

DATE OF BURIAL Jan. 17 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass

Received and filed

Charles H. Mackie
(Registrar)

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)

(nr) WIFE of Alfred D Allen
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: Household

15 Social Security No. None

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

17 NAME OF FATHER Andrew Norton

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

19 MAIDEN NAME OF MOTHER Mary Smith

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Records Town of Winthrop
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death
was given with me BEFORE the burial or transit permit was issued:Theresa Mene
(Signature of Agent of Board of Health or other)C 00965
(Official Designation)1-16-59
(Date of Issue of Permit)

90M-1-58-921876

R 31 1959

V.B.C.

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



MAR 31 1959 AM

ORM R-301A
N.B.—THIS IS A
PERMANENT RECORD.
Use only
DATE APPROVED
ack ink or black
pawriter ribbon.

INSTRUCTIONS
FOR
ICAL CERTIFICATE

In giving
SE OF DEATH

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

his does not mean
mode of dying,
as heart failure,
mia, etc. It means
discrete, or compli-
cated, conditions which caused

ditions, if any,
ch gave rise to
ur cause (a),
ing the under-
g cause last.

ditions contrib-
to death but not
to the terminal
condition given
(a).

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

CHAP. 46, § 9 &

CHAP. 114 § 45,

CHAP. 38 § 6.)

jurisdiction
lined by
licial
aminer

DM-10-55-023008

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. 100908

PLACE OF DEATH
Suffolk
(County)
Boston
(City or Town)

No. Beth Israel Hospital

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

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

PHYSICIAN—IMPORTANT

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

(a) Residence. No. 40 Green 46 TEWKSBURY ST. BOSTON
(Usual place of abode)

WINTHROP
(If nonresident, give city or town and State)

Length of stay: In place of death years months 25 Minutes days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 23, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
January 22 1959 to January 23, 1959
I last saw him alive on January 23, 1959, death is said to
have occurred on the date stated above, at 12:20 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY EDEMA

Due To MYOCARDIAL INSUFFICIENCY
(b)

Due To ATHEROSCLEROTIC HEART
(c) DISEASE

OTHER
SIGNIFICANT
CONDITIONS

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) Robert S. Brown M. D.

(Address) Beth Israel Hosp. Date 1/23/59

Forest Hills Crematory - W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 26 1959

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

Received and filed Charles H. Shore JAN 28 1959

(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 FANNIE ALPERT
(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:

PAINTER

(Kind of work done during most of working life)

14 Industry

or Business:

RETIRED

15 Social Security No.

C 11111

16 BIRTHPLACE (City)

(State or country)

RUSSIA

17 NAME OF

FATHER

MYER SHORE

18 BIRTHPLACE OF

FATHER (City)

(State or country)

RUSSIA

19 MAIDEN NAME

OF MOTHER

SARAH - Cannot be learned

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

RUSSIA

21

Informant

(Address)

JACK SHORE
3 Maple Ct., Roxbury

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

(Signature of Agent of Board of Health or other)

1105

(Official Designation)

1-26-9

(Date of Issue of Permit)

MAR 31 1959

A TRUE COPY ATTEST:

Charles G. Mackie

City Registrar

RECEIVED



MAR 31 1959 AM

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.

11905

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. 95 Moreland St.

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

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

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran, if so specify WAR) 110

(a) Residence. No. 29 James Ave.
(Usual place of abode)

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

Length of stay: In place of death 4 years 4 months days. In place of residence 2 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

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

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

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 24, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan. 11, 1959 to Jan. 24, 1959
I last saw him alive on Jan. 24, 1959 Death is said to

have occurred on the date stated above, at 1:00 Pm.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) pneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 days

ANTE DUE TO CEREBRAL VASCULAR
CEDENT (b) accident
CAUSES

2wks

Due TO
(c) generalized
arteriosclerosis

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed)

(Address) 705 Washington St. Date 1-24-1959

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

DATE OF BURIAL Jan. 27 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed Jan 30 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced
HUSBAND of Fannie Bassett
(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 5 Months 27 Days
If under 24 hours Hours Minutes

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

14 Industry or Business Drugs

15 Social Security No. 012-10-0728

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

17 NAME OF FATHER David Marden

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

19 MAIDEN NAME OF MOTHER Mary Jane E-N-BL

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

21 Informant Albert M Marden Jr.
(Address) 29 James Ave Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation) 1115 1-26-59
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



MAR 31 1959 AM

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, (i. l.))

25M-2-56-322072

PLACE OF DEATH
1

The Commonwealth of Massachusetts

Danvers

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 34



Essex

(County)

Danvers

(City or Town)

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

2 FULL NAME Ruth C. Romino (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. 70 Bowdoin St., Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 5 months 7 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 15, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from sept. 8, 1958 to Feb. 15, 1959 I last saw him alive on Feb. 15, 1959, death is said to have occurred on the date stated above, at 7:45A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Alzheimer's Disease

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis 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) Andrew Nichols, III M. D.

(Address) Hathorne, Mass. Date 2/19/59

6 Cambridge Cemetery-Cambridge (City or Town) Place of Burial or Cremation

DATE OF BURIAL February 17, 1959

7 NAME OF FUNERAL DIRECTOR J. A. MacDonald ADDRESS Watertown, Mass.

Received and filed 3-20-59 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) 1. Maurice Dustin (or) WIFE of 2. Frank Romino (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 years 2 months 15 days If under 24 hours Hours Minutes

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

14 Industry or Business:

15 Social Security No. 486-32-7071

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

17 NAME OF FATHER Charles Coolidge

18 BIRTHPLACE OF FATHER (City) unk. (State or country) unk.

19 MAIDEN NAME OF MOTHER Julia Stroeter

20 BIRTHPLACE OF MOTHER (City) unk. (State or country) unk.

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

A TRUE COPY

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

DATE FILED Feb. 20, 1959

RECEIVED

MAY 22 1963

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
e. or compli-
which causedns, if any,
have rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
954, requires
is to print or
cause or
f death on
ificates.

50M-11-56-918978

PLACE OF DEATH

1

Winthrop

(City or Town)

No. Winthrop Comm. Hosp.

2 FULL NAME Israel Leventhal

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

(a) Residence. No. 58 Summit Ave.
(Usual place of abode)St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months 3 days. In place of residence 35 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 3 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 28, 1959 to MARCH 3, 1959
I last saw him live on March 3, 1959, death is said to
have occurred on the date stated above, at 9:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral HemorrhageINTERVAL
BETWEEN
ONSET AND
DEATH4 daysDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSNone.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 3/31 19596 Sharon Mem. Park Sharon Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL 3-5-59 19597 NAME OF Schlossberg & Sons
FUNERAL DIRECTOR
ADDRESS 1257 Blue Hill Ave. Matt.Received and filed MAR 5 1959 1959

(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 DEATHRegistered 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, non-e
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Eva Smaller
(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 _____ DaysIf under 24 hours
_____ Hours _____ Minutes

13 Usual

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

14 Industry

or Business: Hardware Business15 Social Security No. 034-14-3660

16 BIRTHPLACE (City)

(State or country) Russia

17 NAME OF

FATHER Mendel Leventhal

18 BIRTHPLACE OF

FATHER (City) _____
(State or country) Russia

19 MAIDEN NAME

OF MOTHER Leah (c.n.b.l)

20 BIRTHPLACE OF

MOTHER (City) _____
(State or country) Russia

21

Informant Tillie Richards(Address) 566 Harvard St. Matt.I 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)3/4/59
(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 person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

50M-11-56-918978

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. 37

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Helen Burnham Lewis
(If deceased 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. 68 Ocean View St. st. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 4 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
3-2, 1959, to 3-4, 1959
I last saw her alive on 3-3, 1959, death is said to

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) cerebral vascular accident

INTERVAL
BETWEEN
ONSET AND
DEATH

48 hours

Due To arteriosclerosis
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS congestive heart failure
pneumonitis

Was autopsy performed? No

What test confirmed diagnosis? Ecq. X-Rays

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 Winthrop St. Winthrop, Mass. Date 3-4 1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 6 19597 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop, Mass.

Received and filed. MAR 5 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Divorced
or DIVORCE10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Theodore Lewis
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 3 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 029-22-4745

16 BIRTHPLACE (City) Omaha
(State or country) Nebraska17 NAME OF FATHER NATHAN
Nason Burnham18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Mary C Morgan

20 BIRTHPLACE OF MOTHER (City) Binghamton
(State or country) New York21 Informant Theodore B Lewis
(Address) 68 Ocean View St. WinthropI 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)

(Official Designation)

(Date of Issue of Permit) 3/5/59

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

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

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

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

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

1

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

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

Registered No. 1734

 No. 11 Girdlestone Road, Winthrop St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

 2 FULL NAME JEAN Del Fergo
 (If deceased 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. 11 Girdlestone Road St. Winthrop, Mass.
 (Usual place of abode) (If nonresident, give city or town and State)

 Length of stay: In place of death.....years 5 months 14 days. In place of residence.....years 5 months 14 days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH March 6 1959
 (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.)

INTERSTITIAL PNEUMONITIS

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 Michael Thomas, M. D.
 (Signed)

 (Address) Boston, Mass. Date 3/6 1959

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

DATE OF BURIAL

 8 NAME OF FUNERAL DIRECTOR Maurice H. Ruby

 ADDRESS 210 2 Winthrop St. Winthrop

 Received and filed MAR 27 1959 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 IF STILLBORN, enter that fact here.

 13 AGE.....Years 5 Months 14 Days If under 24 hours
 Hours.....Minutes

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

 15 Industry
 or Business:

16 Social Security No.

 17 BIRTHPLACE (City) Winthrop
 (State or country)

 18 NAME OF FATHER Anthony Del Fergo

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

 20 MAIDEN NAME OF MOTHER Anne E. Masone

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

 22 Informant (Address) Anthony Del Fergo
11 Girdlestone Rd. Winthrop

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

Ray Rogerson

 1734
 Also 2010

 3-6-59
 (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.

25M-8-57-920750

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE.

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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

50M-11-56-918978

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. Winthrop Community Hospital

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

2 FULL NAME Henry Irving Furlong Sr.

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

PHYSICIAN - IMPORTANT

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

No

(a) Residence. No.

(Usual place of abode)

30 Almont

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

March 9, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY. That I attended deceased from
January 1959 to March 9, 1959

I last saw him alive on March 8, 1959, death is said to

have occurred on the date stated above, at 3:25 am.

INTERVAL
BETWEEN
ONSET AND
DEATH

1945

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Rheumatic Heart disease

Due To (b) Calcified aortic stenosis

1950

Due To
(c)OTHER SIGNIFICANT
CONDITIONS Coronary thrombosisJan.
1959.

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) Pasquale Catanzaro, M. D.

(Address) 238 Maverick Street 3/9/59

East Boston, Mass. Winthrop

6 Place Winthrop (City or Town)

DATE OF BURIAL March 11 1959

7 NAME OF
FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 147 Winthrop St, Winthrop.

Received and filed

MAR 10 1959

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced
HUSBAND of Anna M George

(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:

Mechanic

(Kind of work done during most of working life)

14 Industry
or Business:

Typewriters Supply

15 Social Security No.

013-05-4753

16 BIRTHPLACE (City)
(State or country)

Boston

Mass

17 NAME OF
FATHER

Henry Furlong

18 BIRTHPLACE OF

FATHER (City)

(State or country) Nova Scotia

19 MAIDEN NAME

OF MOTHER Margaret Cavanaugh

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Nova Scotia Boston

21

Informant
(Address)

Mrs Anna M Furlong

20 Almont St. Winthrop

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

(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
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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

-THIS IS A
NENT RECORD.
se only

APPROVED
ink or black
riter ribbon.

STRUCTIONS
FOR
L CERTIFICATE

giving
OF DEATH

not enter
than one
e 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.

tions contrib-
death but not
to the terminal
condition given

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

AP. 46, §§ 9 &
AP. 114 §§ 45,
AP. 38 § 6.)

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. 40

STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk
(County)
Winthrop
(City or Town)
No. 9 VINE AVE WINTHROP
(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number))
2 FULL NAME Mrs Sarah (Davis) Halward
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 9 VINE AVE Winthrop
(Usual place of abode)
Length of stay: In place of death 8 years _____ months _____ days. In place of residence 8 (If nonresident, give city or town and State) years _____ months _____ days.

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

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH <u>MAR 10 1959</u> (Month) (Day) (Year)	8 SEX <u>F</u>	9 COLOR <u>WHITE</u>	10 SINGLE (write the word) <u>MARRIED</u> WIDOWED or DIVORCED
4 I HEREBY CERTIFY, That I attended deceased from <u>Nov. 14</u> , 19 <u>58</u> , to <u>MAR 10</u> , 19 <u>59</u> I last saw her alive on <u>MAR. 9</u> , 19 <u>59</u> , death is said to have occurred on the date stated above, at <u>11 A</u> m.	10a If married, widowed, or divorced HUSBAND of <u>William Davis Halward</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL VASCULAR ACCIDENT</u>	11 IF STILLBORN, enter that fact here.		
Due To (b) <u>HYPERTENSIVE AND ARTERIO-SCLEROTIC HEART DIS</u>	12 AGE <u>81</u> Years <u>5</u> Months <u>17</u> Days If under 24 hours Hours _____ Minutes _____		
Due To (c) <u>WITH CONGESTIVE FAILURE</u>	13 Usual Occupation: <u>Housewife</u> (Kind of work done during most of working life)		
OTHER SIGNIFICANT CONDITIONS <u>NONE</u>	14 Industry or Business: <u>at home</u>		
Was autopsy performed? <u>NO</u>	15 Social Security No. <u>None</u>		
What test confirmed diagnosis? <u>CLINICAL</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>Joseph Davis</u>		
(Signed) <u>Myron N. King</u> , M. D. (Address) <u>222 Pleasant St WINTHROP</u> Date <u>3/10/59</u>	18 BIRTHPLACE OF FATHER (City) <u>England</u> (State or country)		
6 Place of Burial or Cremation <u>Forest Hills Boston Mass</u> (City or Town)	19 MAIDEN NAME OF MOTHER <u>Elizabeth Saunders</u>		
DATE OF BURIAL <u>March 13 1959</u>	20 BIRTHPLACE OF MOTHER (City) <u>England</u> (State or country)		
7 NAME OF FUNERAL DIRECTOR <u>Sharp & Williamson Inc</u> ADDRESS <u>173 Brighton Ave Allston</u>	21 Informant <u>Mrs Elizabeth Stacks</u> (Address) <u>85 Oak St. North</u>		
Received and filed <u>MAR 11 1959</u>	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) <u>March 11 1959</u>		
(Registrar)	(Official Designation) (Date of Issue of Permit)		

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RECEIVED
MAR 11 1959

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.

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R-301A

DUCTIONS
OR
CERTIFICATEgiving
OF DEATH
not enter
than one
for each
b) and (c)does not mean
of dying,
heart failure,
etc. It means
or compli-
which causeds, if any,
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ause (a),
the under-
ause last.ons contrib-
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the terminal
dition givenChapter 137,
54, requires
s to print or
cause or
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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 41

No. 94 Locust Street, Winthrop

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, WW 1
if so specify WAR)(a) Residence. No. 94 Locust
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 11 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
2-3, 1959, to 3-11, 1959
I last saw him alive on 3-9-59, 1959, death is said to

have occurred on the date stated above, at 5:59 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart
Disease

Due To

(b) Arteriosclerosis
Generalized

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Bronchial Asthma
Emphysema

Was autopsy performed? no

What test confirmed diagnosis?

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

(Signed) Joseph Gregorie, M. D.

(Address) 194 Washington St., Boston 3-11 1959

Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 13th 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed MAR 11 1959 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 Anna M. Liska
(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 10 Months 2 Days
If under 24 hours Hours Minutes13 Usual Occupation: Cutter
(Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. 013-03-4798

16 BIRTHPLACE (City) Czechoslovakia
(State or country) Austria

17 NAME OF FATHER (CBL) Tauchen

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

19 MAIDEN NAME OF MOTHER CBL

20 BIRTHPLACE OF MOTHER (City) CBL
(State or country) Austria21 Informant Mrs. Anna M. Tauchen-wife
(Address) 94 Locust St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/11/59

SOM-11-56-916978

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.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States 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 statement, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Dec 22, 1913
July 2, 1919
P. U. T. 1 C
2nd. Co. C. A. C.
576 714

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

Middlesex

(County)

Medford

(City or Town)

No.

34 Grove

2 FULL NAME

Rose F. Berridge

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

(a) Residence. No.

25 Pearl

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 20 years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 15 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 10, 57 to Mar 15, 59

I last saw her alive on Mar 11, 1959, death is said to

have occurred on the date stated above, at 2.05 A

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypostatic Pneumonia

Due To

(b)

Cerebral Hemorrhage

Due To

(c)

Arteriosclerosis

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) Wallis L. Bursey, M. D.

(Address) Medford Date Mar 15, 59

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

DATE OF BURIAL March 17, 1959

7 NAME OF FUNERAL DIRECTOR John W. Lane, Jr.
ADDRESS 760 Main St. Winchester

Received and filed MAR 27 1959

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

Medford

(City or Town making this return)

Registered No.

42

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

(Was deceased a

U. S. War Veteran,
if so specify WAR)

no

PERSONAL AND STATISTICAL PARTICULARS

8 SEX
female9 COLOR
white10 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 Thomas W. Berridge
(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: At home
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

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

17 NAME OF FATHER Michael P. O'Neil

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

19 MAIDEN NAME OF MOTHER Mary McElroy

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Edward J. McDovitt
(Address) 6 Union St. Winchester

A TRUE COPY

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

DATE FILED Mar 16, 1959

X

RECEIVED



MAR 27 1959 AM

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

STANDARD

CERTIFICATE OF DEATH

Registered No. 43

No. Winthrop Community Hospital

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

2 FULL NAME Louise M. Schindhelm

(If deceased 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. 42 Barnes Avenue

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 2 years months days.

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 causedas, if any,
ave rise to
cause (a),
the under-
cause last.ons contrib-
death but not
the terminal
condition givenChapter 137,
95A, requires
as to print or
cause or
death on
ificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 19 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 1958, to MARCH 19 1959

I last saw her alive on MARCH 18 1959, death is said to

have occurred on the date stated above, at 4:30 A. M.

INTERVAL
BETWEEN
ONSET AND
DEATH

4 hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) METASTATIC CARCINOMA OF
LUNGSDue To (b) PRIMARY CARCINOMA OF
PANCREAS

4 mos

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

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) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodside Ave. Date 3/19 1959

Holy Cross Cemetery, Malden

Place of Burial or, Cremation (City or Town)

DATE OF BURIAL March 21st 19 59

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed MAR 19 1959 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 60 Years 3 Months 21 days

If under 24 hours

Hours Minutes

13 Usual

Occupation.

Supervisor

(Kind of work done during most of working life)

14 Industry

or Business:

Western Union

15 Social Security No. 024-10-6169

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

17 NAME OF

FATHER

John Schindhelm

18 BIRTHPLACE OF

FATHER (City)

Baltimore

(State or country)

Maryland

19 MAIDEN NAME

OF MOTHER

Mary E. Donahue

20 BIRTHPLACE OF

MOTHER (City)

Newfoundland

(State or country)

21

Informant Henry J. Schindhelm-Bro.

(Address)

42 Barnes Ave., East 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. Sullivan
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)3/19/57
(Date of Issue of Permit)

SOM-36-917573

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

REMOVED
2-25-1960INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHit enter
than one
for each
b) and (c)Does not mean
of dying,
heart failure,
etc. It means
→ death caused
by a disease
which causeds, if any,
ve rise to
ause (a),
the under-
ause last.ons contrib-
→ death but not
the terminal
dition givenChapter 137,
1954, requires
to print or
cause or
death on
ificates.

50M-5-36-917573

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No. 40

No.

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

2 FULL NAME

Mary Edna or Edna M. Riley

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 207

Woodside Avenue

St.

Winthrop

(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 45 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

March

23

1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

October 1957, to March 23, 1959

I last saw her alive on March 23, 1959 death is said to

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

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Generalized carcinomatosis

INTERVAL
BETWEEN
ONSET AND
DEATH

3 mos.

Due To

(b) Infiltrating duct carci-
noma left breast

1 1/2 yrs.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? clinical and laboratory

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

If so, specify no

(Signed) J. T. Riley, M. D.

(Address) 73 Bartlett Road Date 3/23/59

6 Winthrop Winthrop Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 25, 1959

7 NAME OF

FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed MAR 24 1959 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 54 Years _____ Months _____ Days

If under 24 hours

_____ Hours _____ Minutes

13 Usual

Occupation: Dietitian

(Kind of work done during most of working life)

Industry

or Business:

Hospital

15 Social Security No. 022-03-3771

16 BIRTHPLACE (City) East Boston

(State or country)

Mass

17 NAME OF

FATHER

John Riley

18 BIRTHPLACE OF

FATHER (City)

East Boston

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Mary A. Simpson

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass

21

Informant

(Address)

James E. Riley

207 Woodside 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)

3/24/59

R.F.K.

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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
1R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop Mass
(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. 45

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Male Parziale
(If deceased 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. 37 Orient Ave. 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 5 years months days.

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,
we rise to
cause (a),
the under-
cause last.ons contrib-
death but not
the terminal
dition givenChapter 137,
954, requires
s to print or
cause or
death on
ificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 31, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 31, 1959, to , 19I 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

Due To STILLBORN
(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) Charles Meloni, M. D.

(Address) 305 Havens St. Boston Date April 3 1959

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

DATE OF BURIAL April 4, 1959

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed APR 3 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 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 13 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 Vincent Parziale

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

19 MAIDEN NAME OF MOTHER Phyllis Zambella

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Vincent Parziale (father)
(Address) 37 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)

(Official Designation) (Date of Issue of Permit) 4/3/59

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

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

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne

Assunta Maggioli (Pezzolizi)

2 FULL NAME

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

40 Wilshire St., Winthrop, Mass.

(a) Residence. No.

(Usual place of abode)

8

6

2

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

12,

1959

(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.)

Contusion l. forehead-

Arteriosclerotic Heart Disease

5 Accident, suicide, or homicide (specify)

Accident

Date and hour of injury

11:45 p.m. 3/7/59

Where did

Injury occur?

Danvers

(City or town and State)

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

State hospital

Manner of

Injury

Fall from bed

(Specify type of place)

Nature of

Injury

as above

(How did injury occur?)

While at work?

Was autopsy performed?

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

If so, specify

(Signed)

Ralph P. McCarthy

(Address)

Peabody, Mass.

Date

3/12/59

7 Place of Burial, or Cremation

March 16, 1959

(City or Town)

DATE OF BURIAL

8 NAME OF

FUNERAL DIRECTOR

Richard C. Kirby

East Boston, Mass.

ADDRESS

Received and filed

APR 1 1959

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

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

Danvers

(City or town making return)

Registered No.

46

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

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

no

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR OR RACE

11 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

11a If married, widowed, or divorced

HUSBAND of

Augustus Maggioli (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

Years

Months

Days

If under 24 hours

Hours.....Minutes

14 Usual

Occupation:

(Kind of work done during most of working life)

15 Industry

or Business:

unk.

16 Social Security No.

unk., Italy

17 BIRTHPLACE (City)

(State or country)

1st name unk., -Pezzolizi

18 NAME OF

FATHER

unk.

19 BIRTHPLACE OF

FATHER (City)

Italy

(State or country)

20 MAIDEN NAME

OF MOTHER

Anna Alexandrini

21 BIRTHPLACE OF

MOTHER (City)

Unk.

Italy

(State or country)

22

Informant

(Address)

Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

March 16, 1959

19

RECEIVED



APR 14 1959 AM

Form R-305

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

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

X

PLACE OF DEATH
1

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 47

Denvers State Hospital, Hathorne

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

Mizpah C. Smith (Crowe)

2 FULL NAME

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

51 Birch Road, Winthrop, Mass.

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

(a) Residence. No.

(Usual place of abode)

9 21

(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 12, 1959
(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.)

Contusion & Laceration of forehead-Arteriosclerotic Heart Disease

Accident

5 Accident, suicide, or homicide (specify) 7:25 a.m. 3/12/59
Date and hour of injury 19

Where did injury occur? Danvers

(City or town and State)

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

Manner of injury Fall to floor

Nature of injury As above

While at work? Was autopsy performed? no

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

If so, specify Ralph P. McCarthy

(Signed) Peabody, Mass 3/12/59 M. D.

(Address) Woodlawn Crematory-Everett, Mass.

7 DATE OF BURIAL March 14, 1959
Place of Burial, or Cremation Tower of Memory-Denver, (City or Town)

8 NAME OF FUNERAL DIRECTOR Arthur J. G'nailey

ADDRESS Winthrop, Mass.

Received and filed APR 14 1959 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 Married WIDOWED or DIVORCED

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

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

12 IF STILLBORN, enter that fact here.

13 AGE 71 Years 11 Months 7 Days If under 24 hours Hours Minutes

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

15 Industry or Business: unk.

16 Social Security No. Greenville, Illinois

17 BIRTHPLACE (City) (State or country) Horace G. Crowe

18 NAME OF FATHER Unk.

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

20 MAIDEN NAME OF MOTHER Elzbie McCord

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

22 Informant (Address) Mary E. Sheehan Hathorne, Mass.

A TRUE COPY.

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

DATE FILED March 23, 1959 19

V.B. ✓

RECEIVED



APR 14 1959

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

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.

48

No. Grover Manor Hospital

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

2 FULL NAME Henry Joseph Thompson

(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 Shirley

(Usual place of abode)

Winthrop

(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. 45 years. 4 months. 4 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 30, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 27 19 59 to March 30 19 59

I last saw him alive on March 30, 1959, death is said to have occurred on the date stated above, at 9:50 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchogenic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH 1 yr.

Due To Arteriosclerotic heart disease
(b)

5 yrs.

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes
What test confirmed diagnosis? Pathology

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

(Signed) James F. Burns, M. D.
537 Broadway
(Address) Everett Date 3/30 19 59

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

DATE OF BURIAL April 3, 19 59

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

Received and filed. APR 15 1959

(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 WIDOWED WIDOWED or DIVORCED

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

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

11 IF STILLBORN, enter that fact here.

12 71 6 17 AGE 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: Steamship Co.

15 Social Security No. 022-03-0548

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

17 NAME OF FATHER Joseph Thompson

18 BIRTHPLACE OF FATHER (City) Mt. Vernon
(State or country) New York

19 MAIDEN NAME OF MOTHER Ellen Cullinan

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

21 Informant Loretta Thompson
(Address) 175 Shirley St., Winthrop

A TRUE COPY

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

DATE FILED April 1 19 59

V.B. ✓

RECEIVED



APR 13 1959 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

New Bedford

(City or Town making this return)

PLACE OF DEATH

Bristol

(County)

New Bedford

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No. 49

St. Luke's Hospital

No.

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

2 FULL NAME

Julia O'Connor (Sheerin)

(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.

470 Winthrop

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....7.....days. In place of residence 61 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

April 8, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Apr. 6, 1959 to Apr. 8, 1959

I last saw her alive on Apr. 8, 1959 death is said to

have occurred on the date stated above, at 3.45 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

15 hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial
infarction

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? no
If so, specify.

(Signed) John U. Gardner M. D.

(Address) New Bedford Date 4-8-59

6 Holy Cross Cemetery, Malden, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Apr. 11, 1959

7 NAME OF
FUNERAL DIRECTOR O'Malley Funeral Home

ADDRESS Winthrop, Mass.

Received and filed MAY 7 1959

(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 Francis P. O'Connor

(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:

Housework

(Kind of work done during most of working life)

14 Industry
or Business:

own home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Winthrop,
Mass.17 NAME OF
FATHER

Thomas Sheerin

18 BIRTHPLACE OF

FATHER (City)

(State or country) Ireland

19 MAIDEN NAME

OF MOTHER

Julia ----

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Ireland

21

Informant

(Address)

Rita Mattos

564 Union st.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Apr. 10, 1959

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



MAY -7 1959 AM

PLACE OF DEATH

Suffolk

(County)

Winthrop

No. Winthrop Community Hospital

The Commonwealth of Massachusetts

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

Registered No. 50

{(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)2 FULL NAME **Buono, Baby Boy**

(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. **258 E. Eagle 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.

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,
we rise to
cause (a),
the under-
cause last.ons contrib-
death but not
the terminal
dition givenChapter 137,
54, requires
s to print or
cause or
death on
ificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **April 3 1959**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

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

have occurred on the date stated above, at 7:25 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Prolapsed Cord**Due To
(b)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?
If so, specify(Signed) **Charles Valerini**, M. D.(Address) **241 Main St.,** Date **4-3-59** 196 **Holy Cross** **Malden**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **April 7, 1959** 197 NAME OF FUNERAL DIRECTOR **Vincent Rapino**ADDRESS **Chelsea St., E. Boston Mass.**Received and filed **APR 7 1959** 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. **Still Born**12 AGE Years Months Days If under 24 hours
Hours Minutes

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

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) **Winthrop**
(State or country) **Mass. Suffolk**17 NAME OF FATHER **Buono, Gerald**18 BIRTHPLACE OF FATHER (City) **Boston**
(State or country) **Mass. Suffolk**19 MAIDEN NAME OF MOTHER **Fusi, Janice**20 BIRTHPLACE OF MOTHER (City) **Winthrop**
(State or country) **Mass. Suffolk**21 Informant **Buono, Gerald**
(Address) **258 E. Eagle 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)
Health Officer 4/7/59
(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 person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting 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

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
or compli-
which causeds, if any,
ve rise to
ause (a),
the under-
ause last.ons contrib-
death but not
the terminal
dition givenChapter 137,
54, requires
s to print or
cause or
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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

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 Guy Hatch -- Guy Phineas Hatch

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 30 Pleasant Park Road

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 27 hours after admission years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 8 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 21 1955 to April 8 1959

I last saw him alive on April 8 1959, death is said to

have occurred on the date stated above, at 2:45 P.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

27 Hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Massive Cerebral Hemorrhage

Due To Arteriosclerosis

(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) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodside Ave Date April 8 1959

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 10 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 9 1959

(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.

Age 77 Years 10 Months 19 Days

If under 24 hours
Hours Minutes

13 Usual

Occupation:

retired engineer

(Kind of work done during most of working life)

14 Industry

or Business:

Boston, Lynn & Revere, N.G.R.R.

15 Social Security No. 023-10-6820-A

16 BIRTHPLACE (City) Charlestown

(State or country)

New Hampshire

17 NAME OF

FATHER

John Hatch

18 BIRTHPLACE OF

FATHER (City)

Charlestown

(State or country)

New Hampshire

19 MAIDEN NAME

OF MOTHER

Edna Elizabeth Smith

20 BIRTHPLACE OF

MOTHER (City)

Charlestown

(State or country)

New Hampshire

21

Informant Mrs. Lulu B. Nott

(Address) 30 Pleasant 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)

50M-5-56-917573

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 Comm. Hosp

The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

Registered No. 52

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

2 FULL NAME Arthur W. Jones

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 105 Grovers Ave. Winthrop, Mass. St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 58 years months 21 days. In place of residence 21 years months 21 days.

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Apr. 8, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 9, 1959 to Apr. 8, 1959I last saw him alive on Apr. 8, 1959, death is said to
have occurred on the date stated above, at 12.40 P. m.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Acute myocardial
infarctionANTECEDENT (b) Due To Arteriosclerotic &
Hypertensive heart disease(c) Due To Generalized arterio-
sclerosisOTHER SIGNIFICANT
CONDITIONS BronchopneumoniaMajor findings:
Of operations.....

Date of operation 0 Was autopsy performed? 0

What test confirmed diagnosis Clinical & Laboratory

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

If so, specify

(Signed) H. Trautman M. D.
(Address) Date 4-8-59 196 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 10, 1959 19

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 184 Winthrop St. Winthrop

Received and filed APR 13 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Marjorie R. Wilson
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 1 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Shoe Store Supplies

15 Social Security No. 024-03-9983

16 BIRTHPLACE (City) North Adams
(State or country) Mass.

17 NAME OF FATHER Joseph Jones

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

19 MAIDEN NAME OF MOTHER Mary Iles

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) England21 Informant Mrs. Marjorie Jones
(Address) 105 Grovers AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/10/59

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

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

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

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RULES OF PRACTICE

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

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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
CERTIFICATE

iving
OF DEATH

t enter
han one
for each
b) and (c)

es not mean
of dying,
heart failure,
c. It means
or compli-
hich caused

s, if any,
ve rise to
ause (a),
he under-
use last.

ns contrib-
ath but not
the terminal
dition given

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

50M-11-56-916978

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.

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 **Robert T. Jeffers** } **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) **No**

(a) Residence. No. **1059 SARATOGA** St. **EAST Boston**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **4** years **9** months — days. In place of residence — years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **April 10 1959**
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from
April 3, 1959 to **April 10, 1959**
I last saw him alive on **April 10, 1959**, death is said to
have occurred on the date stated above, at **6:30 P.M.**

INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Coronary Occlusion**

Due To (b) **Coronary Artery Heart Disease.** **6 mos.**

Due To (c) —

OTHER SIGNIFICANT CONDITIONS **Rheumatoid Arthritis 20 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) **Charles Liberman** M. D.
(Address) **Winthrop, Mass** Date **April 10, 1959**

6 **Holy Cross** **Malden**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **April 13 1959**

7 NAME OF FUNERAL DIRECTOR **FREDERICK J. MACRATH**
ADDRESS **EAST Boston**

Received and filed **APR 13 1959** 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.
12 AGE **52** Years — Months — Days If under 24 hours
Hours — Minutes

13 Usual Occupation: **Time Keeper (RET.)**
(Kind of work done during most of working life)

14 Industry or Business: **SHIPFITTER**

15 Social Security No. **cn 61**

16 BIRTHPLACE (City) **EAST Boston**
(State or country) **MASS.**

17 NAME OF FATHER **Robert Jeffers**

18 BIRTHPLACE OF FATHER (City) **St. John's**
(State or country) **New Brunswick**

19 MAIDEN NAME OF MOTHER **Minnie Ford**

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

21 Informant **Jasper Jeffers**
(Address) **63 Falcon 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:

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

April 12, 1959
(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 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).

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

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

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

ions contrib-
death but not
the terminal
condition given

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

50M-11-56-918978

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 28 James Avenue

2 FULL NAME Fred Striebeck
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 28 James Avenue
(Usual place of abode)

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 April 11 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
, 19 --, to --, 19 --I last saw h -- alive on --, 19 --, death is said to
have occurred on the date stated above, at 11:30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATHDue To Coronary Occlusion sudden
(b)Due To Arteriosclerotic Heart Disease years
(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.
Winthrop Board of Health
(Address) Winthrop Date 11 April 19596 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 14, 1959 19

7 NAME OF FUNERAL DIRECTOR Clifford B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. 19

APR 14 1959

(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. 51

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

(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 Mary 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 81 Years 6 Months 30 Days If under 24 hours
Hours Minutes13 Usual Occupation Retired Office Manager
(Kind of work done during most of working life)

14 Industry or Business: Armour & Co.

15 Social Security No. none

16 BIRTHPLACE (City) New York City
(State or country) New York

17 NAME OF FATHER Gustave Striebeck

18 BIRTHPLACE OF FATHER (City) Germany
(State or country)19 MAIDEN NAME Natalia
OF MOTHER Katharina Schnoore20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Mrs. Ralph E. Poor
(Address) 14 Wadsworth Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with the BEFORE the burial or transit permit was issued:Mass. Ralph E. Poor
(Signature of Agent of Board of Health or other)Health Office 4/14/59
(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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RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Enlistd NY C - S. H. TREVAKOFF
APRIL 13, 1898
" 12, 1901
R.T.
89th Coast ART.
C-2317783

INSTRUCTIONS
FOR
CERTIFICATEGiving
OF DEATH

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

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

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

ons contrib-
eath but not
the terminal
dition given

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

50M-1-58-92187G

PLACE OF DEATH

Suffolk

(County)

Winthrop Mass

(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. 55

No. Winthrop Community Hospital

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

2 FULL NAME Stanley Malvarosa

(If deceased 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. 20 Fleet Street
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 13 - 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Aug. 1958, to April 13, 1959
I last saw him alive on April 13, 1959, death is said to
have occurred on the date stated above, at 11:49 a.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

5 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute congestive heart failure

Due To (b) Arteriosclerotic heart disease

1 year

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) Charles Meloni, M. D.

(Address) 305 Haver St Boston Date April 13, 1959

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

DATE OF BURIAL April 17 1959 19

7 NAME OF FUNERAL DIRECTOR: Carlo Cincot+i
ADDRESS: 3 North Sq Boston, Mass

Received and filed APR 16 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 6 Months Days If under 24 hours
Hours Minutes

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

14 Industry or Business:

15 Social Security No. 033-26-5012

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Michelangelo Malvarosa

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

19 MAIDEN NAME OF MOTHER Nunziata Angrisano

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

21 Informant: Mrs Dora Malvarosa
(Address) 20 Fleet St Boston, Mass

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

(Signature of Agent of Board of Health or other)

Death Officer 4/16/59
(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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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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 causedas, if any,
ave rise to
ause (a),
the under-
ause last.ons contrib-
eath but not
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dition givenChapter 137,
54, requires
s to print or
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death on
ificates.

60M-1-58-921870

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. 51 Ingleside Avenue

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])2 FULL NAME Amelia Mary Louisa Jenkins (Swift)
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) No.(a) Residence. No. 51 Ingleside Avenue
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 18 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 22 1957, to April 18 1959I last saw her alive on April 17 1959, death is said to
have occurred on the date stated above, at 9:45 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CONGESTIVE HEART FAILURE

INTERVAL
BETWEEN
ONSET AND
DEATH

20 days

Due To
(b) ARTERIO-SCLEROTIC HEART
DISEASE

10 yrs

Due To
(c)OTHER
SIGNIFICANT CONDITIONS PULMONARY FIBROSIS

24 yrs

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.
197 Woodside Avenue
(Address) Date 4/20 19596 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 21 1959 19

7 NAME OF FUNERAL DIRECTOR Clifford B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 27 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCEDfemale white
10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12

AGE 87 years 5 Months 17 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) West Derby
Lancashire Co. England

17 NAME OF

FATHER Thomas Swift

18 BIRTHPLACE OF

FATHER (City)
(State or country) England

19 MAIDEN NAME

OF MOTHER Mary Anne Lowe

20 BIRTHPLACE OF

MOTHER (City)
(State or country) England

21

Informant George H. Jenkins
(Address) 51 Ingleside AvenueI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/21/59

V. B. W.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH
not enter
than one
for each
b) and (c)

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

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

ons contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
s to print or
cause or
death on
ificates.

50M-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 STATISTICS

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 57

No. 41 Pleasant Park Road

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

2 FULL NAME William Roberts McLean

(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. 41 Pleasant Park Road
(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 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 18 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____

I last saw h— alive on _____, 19____, death is said to
have occurred on the date stated above, at 10:00A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To Presumably Coronary Occlusion
(b) Sudden

Due To Arteriosclerotic Heart Disease
(c) 10 years

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) Arthur C. Cronin, M. D.

(Address) Winthrop Board of Health, Winthrop

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

DATE OF BURIAL April 21 1959

7 NAME OF FUNERAL DIRECTOR Edward J. Cronin

ADDRESS Winthrop

Received and filed APR 21 1959 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 Isabella Young
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 2 Months 7 Days If under 24 hours
____ Hours ____ Minutes

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

14 Industry or Business: Railroad

15 Social Security No. 023-07-1603

16 BIRTHPLACE (City)
(State or country) England

17 NAME OF FATHER Daniel McLean

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

19 MAIDEN NAME Margaret McEwan
OF MOTHER

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

21 Informant Isabella McLean
(Address) 41 Pleasant 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:

Ralph C. Cronin
(Signature of Agent of Board of Health or other)

Health Officer 4/21/59
(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.

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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 death of persons not disabled by recognized disease, and those of persons found dead.

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

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. 58

No. 80 Winthrop Street

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

2 FULL NAME Gertrude Viola (Hill) 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) NO.

(a) Residence. No. 80 Winthrop Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

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
or compli-
which caused

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

ons contrib-
eath but not
the terminal
dition given

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

50M-1-58-921876

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 19 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from October 19 55, to April 19 59

I last saw her alive on April 18, 1959, death is said to

have occurred on the date stated above, at 3 p. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

8 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) generalized carcinomatosis

Due To Carcinoma of the right
(b) breast

3 yrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

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) M. Traubstein, Jr., M. D.

(Address) 73 Bartlett Rd., Winthrop 52, Mass. Date April 21, 1959

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

DATE OF BURIAL April 23, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 22 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

female white

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12

AGE 62 Years 7 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:

own home

15 Social Security No.

none

16 BIRTHPLACE (City)

Worcester

(State or country)

Mass.

17 NAME OF

FATHER

Frederick E. Hill

18 BIRTHPLACE OF

FATHER (City)

Framingham

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Adelaide Minckler

20 BIRTHPLACE OF

MOTHER (City)

Grand Isle

(State or country)

Vermont

21

Informant

(Address)

George H. Sawyer

80 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:

Ralph C. Sullivan

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit) 7/22/59

UAV

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen 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 results of electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

59

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)WINTHROP
(City or Town)

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

2 FULL NAME MINNIE LOURIE
(If deceased 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. 75 SAGAMORE AVE St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 years months 7 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 20 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from August 1957 to April 20 1959
I last saw him alive on April 20 1959, death is said to have occurred on the date stated above, at 4:15 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

7 Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

Due To (b) Hypertensive - Cardio-vascular Disease. 2 yrs.

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

None.

Was autopsy performed?

What test confirmed diagnosis? Clinical

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

(Signed) Charles Liberman M. D.

(Address) WINTHROP, MASS Date 4/20/1959

6 TEMERETH ISRAEL TEMERETH
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Apr 21 1959

7 NAME OF FUNERAL DIRECTOR Arnold Galun

ADDRESS 1468 Beacon St Brookline

Received and filed APR 2 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write the word)

MARRIED
WIDOWED SINGLY
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 64 Years 0 Months 3 Days

If under 24 hours

Hours Minutes

13 Usual

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

14 Industry

or Business SUPPLY CLOTHING CO. BOSTON

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

BOSTON, MASS.

17 NAME OF FATHER

MOSES M. LOURIE

18 BIRTHPLACE OF

FATHER (City) RUSSIA

(State or country)

19 MAIDEN NAME

OF MOTHER CHESNA BAUD

20 BIRTHPLACE OF

MOTHER (City) RUSSIA

(State or country)

21

Informant
(Address)SARAH LOURIE
75 SAGAMORE AVE WINTHROP

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/20/59

U.B.V.

60M-1-58-921876

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
dition givenChapter 137,
54, requires
s to print or
cause or
death on
ificates.

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

60

STANDARD CERTIFICATE OF DEATH

Registered No. _____

PLACE OF DEATH

1

(County)

(City or Town)

No.

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

2 FULL NAME

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

PHYSICIAN — IMPORTANT

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

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

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 20, 1959, to April 20, 1959.

I last saw him alive on April 20, 1959, death is said to

have occurred on the date stated above, at 6:15 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity

Born 4:18 AM Birth weight 2 lbs 8 oz.

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? No
If so, specify _____

(Signed) A. Paul Dan Hagopian, M. D.

(Address) 39 CARY ARCHERSON Date April 21, 1959

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

DATE OF BURIAL April 24, 1959

7 NAME OF FUNERAL DIRECTOR

ADDRESS 320 St. Boston Mass

Received and filed APR 23 1959 19

(Registrar)

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 Days

If under 24 hours

14 Hours 2 Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

17 NAME OF FATHER

18 BIRTHPLACE OF FATHER (City)

(State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City)

(State or country)

21

Informant
(Address)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M-1-58-921876

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
or compli-
which caused

s, if any,
ve rise to
ause (a),
he under-
ause last.

ons contrib-
ath but not
the terminal
dition given

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

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.

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

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

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

APR 23 1959 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

61

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. _____

No. 25 Perkins

Street

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

2 FULL NAME Mr. Charles Fishel

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

25 Perkins Street

Winthrop, Mass.

PHYSICIAN — IMPORTANT

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

None

(a) Residence. No. _____

(Usual place of abode)

44

St. _____

44

(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 22, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb 3, 1951 to APR. 22, 1959

I last saw him alive on APRIL 22, 1959, death is said to

have occurred on the date stated above, at 11:55 P. M.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 1/2 HR.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY OCCLUSION

Due To

(b) GENERAL ARTERIO SCLEROSIS
+ HYPERTENSIVE HEART DISEASE

4 YRS.

Due To

(c) _____

10

OTHER
SIGNIFICANT
CONDITIONSRHEUMATOID ARTHRITIS
CHRONIC CHOLECYSTITIS

10 YRS

2 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)

Dwight H. King, M. D.

(Address) 222 PLEASANT ST WINTHROP Date APRIL 23, 1959

6 Forest Hills Crematory, Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 25, 1959

7 NAME OF FUNERAL DIRECTOR

J.S. Waterman

ADDRESS

Boston, Mass.

Received and filed _____

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 Sarah Fish

(Give maiden name of wife in full)

(or) WIFE of _____

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

89

Years

1

Months

5

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Salesman (retired)

(Kind of work done during most of working life)

14 Industry
or Business:

Mason & Snow

15 Social Security No.

032-05-7684

16 BIRTHPLACE (City)

Boston, Mass.

(State or country)

17 NAME OF
FATHER

Jacob Fishel

PARENTS

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Poland

19 MAIDEN NAME Rosa cannot be learned
OF MOTHER

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Poland

21

Informant

(Address)

Mrs. Sarah Fishel

25 Perkins 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:Ralph E. Sullivan
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

VE ✓

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,
ve rise to
ause (a),
he under-
ause last.ons contrib-
ath but not
the terminal
dition givenChapter 137,
54, requires
s to print or
cause or
death on
ificates.

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 3, Acts of 1945.

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

RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate 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
OR
CERTIFICATEgiving
OF DEATHt enter
than one
for each
b) and (c)es not mean
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heart failure,
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dition givenChapter 137,
4, requires
to print or
cause or
death on
dates.

50M-11-56-918978

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.

62

No. 55 Wave Way Avenue St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME SIMON KUMINS
(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. 55 Wave Way Avenue St. Winthrop, Mass.
(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 APRIL 23, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1958 to April 23, 1959
I last saw him alive on March 22, 1959, death is said to
have occurred on the date stated above, at 1:00 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart
DiseaseDue To
(b) arteriosclerosis
generalizedDue To
(c) SenilityOTHER
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) Joseph Gregorie, M. D.

(Address) 194 Wash. Ave. Winthrop 4/24/59

6 Tifereth Israel of Winthrop-Everett

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL April 26, 1959

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

Received and filed APR 24 1959

(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 Fannie Sherman
HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 83 years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Shoe Worker
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 022-09-4576

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Benjamin Kumins

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

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Albert Kumins
(Address) 31 Hawthorne 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) 4/27/59

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths 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 standard certificate of death.

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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FOR
CERTIFICATE

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OF DEATH

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Chapter 137,
54, requires
s to print or
cause or
death on
ificates.

P. 46, §§ 9 &

P. 114 §§ 45,

AP. 38 § 6.)

S.

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. 63

No. Mount Convalescent Home

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])2 FULL NAME Mollie L. Rudinsky
(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. 15 Grovers Ave
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 23 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 29, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October, 1955, to April 29, 1955I last saw her alive on April 29, 1959, death is said to
have occurred on the date stated above, at 12:05 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchial Pneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH

3 days

(b) Medical examiner notified
because of fracture of hip(c) He concurred in diagnosis
and declined jurisdictionOTHER
SIGNIFICANT
CONDITIONS

Fracture Left Hip

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) Charles Liberman, M. D.

(Address) Winthrop, Mass Date 4/30/1959

6 Roxbury Lodge West Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 1, 1959

7 NAME OF FUNERAL DIRECTOR TONE Funeral Service Inc

ADDRESS Washington Ave Chelsea

Received and filed MAY 1 - 1959 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 Isaac Rudinsky
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 78 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

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

14 Industry

or Business: At Home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country) Russia

17 NAME OF FATHER

Joseph Rudinsky

18 BIRTHPLACE OF

FATHER (City)
(State or country) Russia19 MAIDEN NAME
OF MOTHER

C.B.S.

20 BIRTHPLACE OF

MOTHER (City)
(State or country) Russia

21

Informant Harold Ladd
(Address) 46 Ralph Rd SwampscotI 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 on other Health Office 4/30/59

(Official Designation) (Date of Issue of Permit)

RECEIVED

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MAY 1 1959 AM

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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

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

Registered No.

11032

No. BAKER
MASSACHUSETTS GENERAL HOSPITAL(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Stephen J. Connors
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN - IMPORTANT
(Was deceased a No
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 44 Quincy Ave.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 30 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
January 21, 1959 to January 30, 1959
We last saw him live on January 30, 1959, death is said to

have occurred on the date stated above, at 10:00a.m.

INTERVAL
BETWEEN
ONSET AND
DEATH
HRS.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY EDEMA

Due To ARTERIOSCLEROTIC HEART
(b) DISEASE

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) Ch. Clay, M. D.

(Address) Asst. Dir. Mass. Gen'l Hosp., Date 1-30-59

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

DATE OF BURIAL February 3 1959

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

Received and filed

Charles H. Inactive

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 Esther J. Terrile
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: Insurance

15 Social Security No. 025-03-4150

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

17 NAME OF FATHER Alphonso Connors

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

19 MAIDEN NAME OF MOTHER Harriet Reddick

20 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country)21 Informant Esther J. Connors
(Address) 44 Quincy Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:A. Maraw E16844
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Rumford 1500

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JUN 2 1959 AM

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

STANDARD
CERTIFICATE OF DEATH

OUT - OF - TOWN

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

Registered No. 01261

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

2 FULL NAME MARGARET MITCHELL
(If deceased 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

24 ELLIOT STREET

WINTHROP, MASS.

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY 5 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 4, 1959 to Feb. 5, 1959

We last saw her alive on Feb. 5, 1959, death is said to
have occurred on the date stated above, at 8:26A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH
30 hrs

Due To Cerebral arteriosclerosis
(b) Unkn.

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) *Chellay*, M. D.

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 2/5/ 19 59

6 Calvary Cemetery Waltham
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 7, 59 19

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS 210 Winthrop St. Winthrop

Received and filed FEB - 9 1959 19

Charles H. Zwick

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 86 Years _____ Months _____ Days
If under 24 hours _____ Hours _____ Minutes

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

14 Industry or Business: Stationary

15 Social Security No. Unknown

16 BIRTHPLACE (City) Waltham
(State or country)

17 NAME OF FATHER Thomas D. Mitchell

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

19 MAIDEN NAME OF MOTHER Mary Donahue

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

21 Informant Richard F Mitchell
(Address) 24 Elliot St. Winthrop

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

fmeade
(Signature of Agent of Board of Health or other)

1296
(Official Designation) (Date of Issue of Permit)

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

50M-1-58-921876

8 1959

A TRUE COPY ATTEST:

Charles H. Mackay

City Registrar



JUN - 8 1959 AM

B-301A

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OF DEATHnt enter
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etc. of compli-
cations causedas, if any,
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PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

Registered No.

01418

MASSACHUSETTS GENERAL HOSPITAL

No.

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

MAURICE KIRBY, JR.

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) *no*(a) Residence. No. 100 QUINCY 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 FEBRUARY 9 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 9, (4:15 P) to Feb. 9, 1959
We last saw him alive on Feb. 9, 1959, death is said to

have occurred on the date stated above, at 8:1 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

5 hours

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Anæsthesia

Due To Prematurity (2220 grams)
(b) 7 monthsDue 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 No.

(Signed)

Asst. Dir. Moss. Gen'l Hosp.

Date 2/10/ 19 59

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Feb 11 1959

7 NAME OF FUNERAL DIRECTOR

ADDRESS 210 Winthrop St.

Received and filed

FEB 12 1959

(Registrar)

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 _____
(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

5 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 Can. Hosp.
(State or country)

17 NAME OF FATHER

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

19 MAIDEN NAME OF MOTHER

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

PARENTS

21 Informant (Address)

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1-58-921876

28 1959

A TRUE COPY. ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JUN 2 1959 AM

ACTIONS
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CERTIFICATE

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Chapter 137,
54, requires
to print or
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death on
ificates.

M-1-58-921876

2 1959

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 67

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

Registered No. 011441

MASSACHUSETTS GENERAL HOSPITAL

No.

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

2 FULL NAME ~~XXXXXXXXXX~~ John F Collins
(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. 260 MAIN STREET
(Usual place of abode)

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

Length of stay: In place of death 1 months 1 days. In place of residence 22 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY 10 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan. 13, 19 59 to Feb. 10, 19 59
We last saw him alive on Feb. 10, 19 59, 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) Myocardial infarct, recent

2 dys

Due To (b) Coronary thrombosis, recent

2 dys

Due To (c) Coronary artery disease,
severeUnkn.
YRS.

OTHER SIGNIFICANT CONDITIONS Status post-op. gastrectomy
for anastomotic ulcer 11 dys

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. H. Clay, M. D.

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 2/11/19 59

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

DATE OF BURIAL February 13 1959

7 NAME OF FUNERAL DIRECTOR Rochard C Kirby
ADDRESS 917 Bennington St E Boston

Received and filed FEB 13 1959

Charles A. Inactive
(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 Mildred E Herbert
(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 4 Months 20 Days
If under 24 hours
Hours Minutes

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

14 Industry or Business: Esso Standard Oil Co

15 Social Security No. 012-09-1745

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

17 NAME OF FATHER Patrick Collins

18 BIRTHPLACE OF FATHER (City) CBL

(State or country) Ireland

19 MAIDEN NAME OF MOTHER Margaret Griffin

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

21 Informant Mrs Mildred E Collins wife
(Address) 260 Main St Winthrop

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

(Signature of Agent or Board of Health or other)

1365
(Official Designation)

2-11-59
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JUN 2 1959 AM

3.-THIS IS A
ANENT RECORD.
Use only

E APPROVED

ink or black

writer ribbon.

INSTRUCTIONS

FOR

AL CERTIFICATE

in giving
OF DEATH

not enter

more than one

one for each

1, (b) and (c)

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

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

ditions contrib-
a death but not
to the terminal
condition given

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

HAP. 46, § 9 &

HAP. 114 § 45,

CHAP. 3816.)

2 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

TOWN 68
To be filed for burial permit
with Board of Health
or its Agent

Registered No. 1489

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



No. BOSTON CITY 12-12-59

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

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

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran, WW#1
if so specify WAR)

(a) Residence, No. 116 Huntington Avenue
(Usual place of abode)

Boston, 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 February 11, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, was apparent
Feb. 10, 1959, to February 11, 1959

I last saw him alive on 10, death is said to

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

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive Heart Failure hrs to days.

Due To (b) Hypertensive Heart Disease mos.

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) Winthrop O'Donnell, M. D.

(Address) BOSTON CITY 12-12-59

6 Winthrop Winthrop Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 14, 1959

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

Received and filed FEB 17 1959

Charles H. Mackie

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 Elizabeth Bergin
(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: Custodian
(Kind of work done during most of working life)

14 Industry or Business: Buildings

15 Social Security No. 012-09-0159

16 BIRTHPLACE (City) Providence
(State or country) Rhode Island

17 NAME OF FATHER Bernard O'Donnell

18 BIRTHPLACE OF FATHER (City) Rhode Island
(State or country)

19 MAIDEN NAME OF MOTHER Annie T. Gleason

20 BIRTHPLACE OF MOTHER (City) Providence
(State or country) Rhode Island

21 Informant Elizabeth O'Donnell
(Address) 23 Baker Road Everett 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)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JUN 2 1959 AM

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. 01725

Suffolk

(County)

Boston

(City or Town)

No. FAULKNER HOSPITAL

St. (If death occurred in a hospital or institution.
give its NAME instead of street and number)2 FULL NAME EDWARD ARMSTRONG THOMAS
(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. 143 COURT RD., WINTHROP, MASS.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 53 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY 18 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
3 Feb 1959, to Feb 17 1959
I last saw him alive on Feb 17 1959, death is said to

have occurred on the date stated above, at 6:15 AM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH

1 week

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS: Bleeding + obstructed
Gastric Ulcer2 1/2
Mos.Was autopsy performed? No
What test confirmed diagnosis? Clinical observation5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John R. Graham, M. D.

(Address) FAULKNER HOSP. Date 18 Feb 1959

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

DATE OF BURIAL February 20 1959

7 NAME OF FUNERAL DIRECTOR

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

FEB 25 1959

Charles A. Mackie
(Registrar)

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 Esther Elizabeth Kitson
(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 9 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired Lawyer
(Kind of work done during most of working life)

14 Industry or Business: self employed

15 Social Security No. 82-12-0619

16 BIRTHPLACE (City) Great Village
(State or country) Nova Scotia

17 NAME OF FATHER Richard Thomas

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

19 MAIDEN NAME OF MOTHER Eliza Hill

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia21 Informant: Miss Barbara E. Thomas
(Address) 143 Court Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
P. H. Cogswell

(Signature of Agent of Board of Health or other)

1503
(Official Designation)2-20-59
(Date of Issue of Permit)

PLACE OF DEATH

381A

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PARENTS

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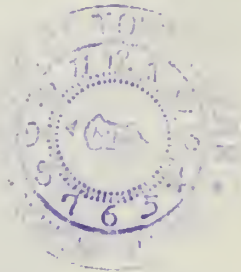
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1959

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

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JUN 1 1959 AM

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1 1959



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. 02083

PLACE OF DEATH

SUFFOLK
(County)
BRIGHTON
(City or Town)

No. St. Elizabeth Hospital

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

2 FULL NAME MR. PATRICK J. SULLIVAN
(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. 61 WALDEMAR AVE
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 28 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
FEB 28, 1959, to FEB 28, 1959
I last saw him alive on FEB 28, 1959, death is said to

have occurred on the date stated above, at 10:55 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC HEART
DISEASE

Due To MYOCARDIAL INFARCTION
(b)

Due To MYOCARDIAL RUPTURE
(c)

OTHER
SIGNIFICANT
CONDITIONS ACUTE PULMONARY
EDEMA

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) Robert H. Oishi, M. D.

(Address) St. Eliz. Hosp. Date 2/28 1959

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

DATE OF BURIAL March 3 1959

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

Received and filed

MAR 4 1959

Charles H. Inactive
(Signature)

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 M. Garbey

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

84

Years

Months

20

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Retired Custom Inspector

(Kind of work done during most of working life)

14 Industry

or Business:

U. S. GOV

15 Social Security No.

022-01-3943

16 BIRTHPLACE (City)

Cambridge

(State or country)

MASS

17 NAME OF

FATHER

John J Sullivan

18 BIRTHPLACE OF

FATHER (City)

Cork

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Briget Fielding

20 BIRTHPLACE OF

MOTHER (City)

Cork

(State or country)

Ireland

21

Informant

(Address)

Mrs Mary Brugman

61 Waldemar Ave, Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

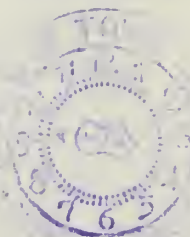
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JUN - 1 1959 AM

The Commonwealth of Massachusetts

OUT - OF - TOWN 21

SUFFOLK

(County)

BOSTON

(City or Town)



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

STANDARD
CERTIFICATE OF DEATH

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

Registered No. 02289

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

2 FULL NAME ELIZABETH PACI } 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. 16 PAINE STREET St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months 3 days. In place of residence 15 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 6 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
March 3, 19 59 to March 6, 19 59

Was last seen alive on March 6, 1959, death is said to
have occurred on the date stated above, at 15A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary embolismINTERVAL
BETWEEN
ONSET AND
DEATH3 mins

Due To Hypertensive cardio-vascular
(b) disease

14 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?
If so, specify _____

(Signed) Chellay, M. D.
(Address) Asst. Dir. Mass. Gen'l Hosp. Date 3/6/ 19 59

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

DATE OF BURIAL March 9 19 59

7 NAME OF FUNERAL DIRECTOR Domenic J. Russo
ADDRESS 407 Main St. Medford 9 1959

Received and filed Charles A. Inman 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 Domenico Paci
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years _____ Months _____ Days
If under 24 hours
_____ Hours _____ Minutes

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

14 Industry or Business: _____

15 Social Security No. none

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Carmelo Daniele

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

19 MAIDEN NAME OF MOTHER Anna Tringale

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

21 Informant Miss Domenica Paci
(Address) 16 Paine St., Winthrop, Mass.

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

Shurt E 1755 C
(Signature of Agent of Board of Health or other)

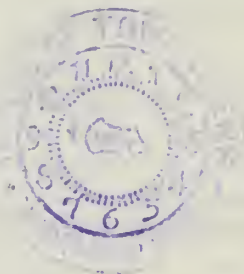
Mar 7 1959
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JUN - 1 1959 AM

R-301A

HIS IS A
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It means
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death but not
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dition given

chapter 137,
14, requires
to print or
cause or
death on
ificates.

P. 46, 119 &
P. 114 & 45.
P. 38 & 6.)

1 1959

54.923498

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. BOSTON CITY HOSPITAL

2 FULL NAME Philip Giordano
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 39 Grovers Avenue
(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 March 10, 1959
(Month) (Day)4 I HEREBY CERTIFY, ~~XXXXXX~~ was a patient
March 10, 1959, to March 10, 1959I ~~was~~ died on March 10, 1959, death is said to
have occurred on the date stated above, at 3:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia.

Due To
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart
Dis ease moderatelyWas autopsy performed? Clinical
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased?
If so, specify.(Signed) Martin J. O'Connell M.D.
(Address) BOSTON CITY HOSPITAL 3-10-596 St. Michaels Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 12 19597 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East BostonReceived and filed MAR 18 1959
Charles H. Mackie (Registrar)

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.

02463

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX
Male9 COLOR
White10 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced,
HUSBAND of Caroline Bolduzzi
(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 Retired
(Kind of work done during most of working life)

14 Industry or Business: Years

15 Social Security No. None

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Frank Giordano

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

19 MAIDEN NAME OF MOTHER Laria (unknown)

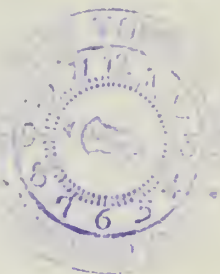
20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Martin Guida
(Address) 701 Belmont Belmont Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
1779 3-11-59
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JUN - 1 1959

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

Registered No. 12178

PLACE OF DEATH

SUFFOLK

(County)

ROXBURY, MASS.

(City or Town)

STANDARD
CERTIFICATE OF DEATHNo. NEW ENGLAND HOSPITAL St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME HELEN A. MULCAHY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 26 ENFIELD RD.
(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 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 12, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MARCH 1, 1959 to MARCH 12, 1959
I last saw her alive on MARCH 12, 1959, death is said to
have occurred on the date stated above, at 12:30 p. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) UREMIA

Due To ARTERIOSCLEROTIC HYPER-
(b) TENSIVE HEART DISEASEDue To NEPHROSCLEROSIS
(c)OTHER
SIGNIFICANT
CONDITIONS CEREBRO-VASCULAR
ACCIDENT, REPEATEDWas autopsy performed? NO
What test confirmed diagnosis? PHYSICAL EXAM.5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify(Signed) Ramona A. Villanoy, M. D.
(Address) NEW ENGLAND HOSP. Date MARCH 12, 19596 St. Paul's Arlington
Place of Burial or Cremation March 16, 1959
DATE OF BURIAL 197 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS 210 Winthrop St. Winthrop

Received and filed MAR 18 1959 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 Thomas J Mulcahy
(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: Teacher
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. Unknown

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

17 NAME OF FATHER William J Burke

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

19 MAIDEN NAME OF MOTHER Margaret F Ryan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Kevin Mulcahy
(Address) 26 Enfield Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or visit permit was issued:
Rigdon Thomas 1959
(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

RECEIVED



JUN -1 1959 AM

PLACE OF DEATH

Suffolk

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

Chelsea

(County)

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No. 201 74

No.

U.S. Naval Hospital

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

2 FULL NAME

Marie Nicholson

(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.

Qtrs. A, Fort Banks

(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

May 2, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 2 1959 to May 2 1959

I last saw her alive on May 2 1959, death is said to

have occurred on the date stated above, at 2:40A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity with

immaturity

Due To
(b)

15 min.

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

(Signed) H.R. Houston, LTMC M. D.

(Address) USNH, Chelsea, Mass. 5/2/59 19

Holy Cross, Malden, Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 4, 1959 19

7 NAME OF
FUNERAL DIRECTORR.C. Kirby
917 Bennington St., F. Boston

ADDRESS

Received and filed JUN 9 1959 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 (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: none

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Chelsea, Mass.
(State or country)17 NAME OF Robert F.
FATHER18 BIRTHPLACE OF
FATHER (City) Worcester, Mass.
(State or country)19 MAIDEN NAME Doris Beverly Varg
OF MOTHER20 BIRTHPLACE OF
MOTHER (City) Worcester, Mass.
(State or country)21 Informant R. Nicholson (father)
(Address) Ft. Banks, Winthrop, Mass.

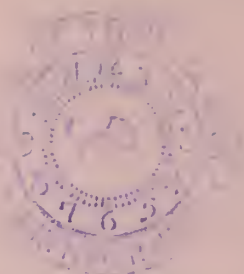
A TRUE COPY

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

DATE FILED May 4, 1959 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



JUN - 9 1959 AM

ITIONS
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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.

25

No. Winthrop Community Hospital

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

2 FULL NAME Farenboim, Isidor

(If deceased 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 Cross St. Winthrop, Mass. St.

(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 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 3, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

Jan. 1, 1947, to May 3, 1959

I last saw him live on May 3, 1959, death is said to
have occurred on the date stated above, at 12:20 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

5yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Artery Heart
Disease

Due To (b) Cardiac Decompensation 2yrs.

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 Hebermann M. D.

(Address) Winthrop Date 5/31/59

6 SUDLICOVE EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 4, 1959

7 NAME OF FUNERAL DIRECTOR BENJAMIN BIRNBACH

ADDRESS 10 WASHINGTON ST. DORCHESTER

Received and filed MAY 5 1959

(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

HILDA SILVER

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

58

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Music Boxes Cab DRIVER

(Kind of work done during most of working life)

14 Industry

or Business:

RETIRED

15 Social Security No.

028-03-4852

16 BIRTHPLACE (City)

(State or country)

RUSSIA

17 NAME OF

FATHER

SAMUEL BARENBOIM

18 BIRTHPLACE OF

FATHER (City)

RUSSIA

(State or country)

19 MAIDEN NAME

OF MOTHER

LEINA RIMELMAN

20 BIRTHPLACE OF

MOTHER (City)

RUSSIA

(State or country)

21

Informant

(Address)

HILDA BARENBOIM

22 CROSS ST. WINTHROP

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

Gerald E. Sullivan

(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

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

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

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

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

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

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

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 26

No. 226 Main St.

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

2 FULL NAME Mary J. Gray (Clancy)
(If deceased 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. 226 Main St
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 4, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
you, 3rd to May 7, 1959
I last saw h. alive on May 7, 1959, death is said to
have occurred on the date stated above, at 8:45 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) uremia
Uremia

Due To (b) arteriosclerosis-renal
Arteriosclerosis-renal

6 mos.

Due To (c)

OTHER SIGNIFICANT CONDITIONS senility
Senility

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) H. B. Greenfield, M. D.

(Address) 447 Snarley St. Winthrop Mass. Date May 5, 1959

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

DATE OF BURIAL May 8, 1959

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

Received and filed MAY 6 1959 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 John F. Gray
(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: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Waterford
(State or country) Ireland

17 NAME OF FATHER James Clancy

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

19 MAIDEN NAME OF MOTHER Ellen Cunningham

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

21 Informant Veronica Howard
(Address) 226 Main St. Winthrop

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

Ralph C. [Signature]
(Signature of Agent of Board of Health or other)

Health Officer 5/6/59
(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 cause of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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

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

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

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

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

- (1) **Attending physician.**—Permit to such deaths only as those of persons to whom they have given bedside care during the last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians.**—Permit to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate is required.
- (3) **Medical Examiners.**—Permit 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)Boston
6-4-59

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. 77

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 Sarah E. Hazlett (McGeorge)
(If deceased 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. 461 Old Colony Bl'vd. St. Boston, 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 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 11 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
1956, to May 11, 1959
I last saw her alive on May 11, 1959, death is said to
have occurred on the date stated above, at 6:15 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

1 year

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive heart failure
CONGESTIVE HEART FAILUREDue To (b) arteriosclerosis
ARTERIOSCLEROSIS

Due To (c)

OTHER SIGNIFICANT CONDITIONS malnutrition from dumping
syndrome of the gastrectomy

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 Stuyvesant St. Winthrop, Mass. Date 5-12-59

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

DATE OF BURIAL May 14, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAY 13 1959

(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 William A. Hazlett
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 6 Months 20 Days If under 24 hours
Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

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

17 NAME OF FATHER William McGeorge

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

19 MAIDEN NAME OF MOTHER Ellen Moynihan

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Edward A. Hazlett
(Address) 36 Centre 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 5/13/59
(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 cause of which he died, defined as required by section one, where same was ascertained, the duration of his last illness, when last seen alive by the physician or medical officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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

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

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

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

PLACE OF DEATH

Middlesex

(County)

Malden

(City or Town)

No. Malden Hospt.

The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Malden

(City or Town making this return)

COPY OF
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 ----- Mahoney
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 83 Somerset Ave.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 14, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 14, 1959, to May 14, 1959I 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) Anencephaly

INTERVAL
BETWEEN
ONSET AND
DEATHDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS PrematurityWas autopsy performed?
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward A. McCarthy M. D.

(Address) 86 Forest St. Medford 5/14/59

Winthrop Winthrop

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 19, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed JUN 3 1959 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 Single

10a If married, widowed, or divorced

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

11 IF STILLBORN, enter that fact here Stillborn

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

15 Social Security No.

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

17 NAME OF FATHER Eugene Mahoney

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

19 MAIDEN NAME OF MOTHER Marion Ford

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Eugene Mahoney
(Address) 83 Somerset Ave. Winthrop

A TRUE COPY

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

DATE FILED May 21, 1959 19.....

RECEIVED



JUN 3 1959 AM

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

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

Registered No. 29

No. 117 Hermon St.

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

2 FULL NAME Peter Paul Pavlik

(If deceased 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.W.2

(a) Residence. No. 117 Hermon St.

(Usual place of abode)

St. 11 (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 16 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
4/21, 1955, to 5/16, 1959

I last saw him alive on 5/16, 1959, death is said to

have occurred on the date stated above, at 7:40 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 MIN.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION.
SUPERIMPOSED ON PREVIOUS CORONARY I.M.C.Due To (b) HYPERTENSIVE HEART DIS
+ ARTERIO SCLEROTIC HEART DIS.

6 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) Byron D. King, M. D.

(Address) 222 PLEASANT ST. WINTHROP, MA 02159

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

DATE OF BURIAL May 20, 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St. E. Boston

Received and filed 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Rita Whooley

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 49 Years 2 Months 12 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Sheff

(Kind of work done during most of working life)

14 Industry

or Business:

General Edwards Inn

15 Social Security No.

010-09-4566

16 BIRTHPLACE (City)

Patton

(State or country)

Penn.

17 NAME OF FATHER

John Pavlik

18

BIRTHPLACE OF

FATHER (City)

Austria

(State or country)

19

MAIDEN NAME

OF MOTHER

Anna Wartko

20

BIRTHPLACE OF

MOTHER (City)

Austria

(State or country)

21

Informant

(Address)

Mrs. Rita Pavlik
117 Hermon 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)

V.R.U.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

March 6, 1945

DATE OF DISCHARGE

Feb. 21, 1946

RANK, RATING

S 1c

ORGANIZATION AND OUTFIT

U.S.N.R.

SERVICE NUMBER

8049515

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.

80

No. Winthrop Community Hospital

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

2 FULL NAME William Quigley

(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 West Eagle 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 1-1/2 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 13, 1959 to May 16, 1959
I last saw him live on May 16, 1959, death is said to

have occurred on the date stated above, at 4:15 PM.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

Due To (b) Left-sided
Hypertensive - Cardio
Vascular Disease

May 16

1 Yr.

OTHER SIGNIFICANT
CONDITIONS Left-sided
Hemiplegia

Was autopsy performed? No

What test confirmed diagnosis? Clinical Findings

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Louis E. Scheraga / a M.D.
(Address) 19 Bennett St. Date May 16 19596 Holy Cross Malden
Place of Burial or Cremation May 19 (City or Town) 59
DATE OF BURIAL 197 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed 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 Antonette M. Corochio
(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: shipper
(Kind of work done during most of working life)

14 Industry or Business: Liggett Drug Co.

15 Social Security No. 031-01-9404

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

17 NAME OF FATHER Thomas J. Quigley

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

19 MAIDEN NAME OF MOTHER Mary T. Lynch

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

21 Informant Antonette M. Quigley
(Address) 28 West Eagle 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) 5/18/59

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

PLACE FOR ADDITIONAL INFORMATION

STATE OF ENTERING MILITARY SERVICE

STATE 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. 81

No. Winthrop Comm Hospital

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

2 FULL NAME Clara C Vesce (Thobuan)

(If deceased 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. 974 Saratoga 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 10 days. In place of residence. 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 18 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 25, 1957, to May 18, 1959I last saw him alive on May 17, 1959, death is said to
have occurred on the date stated above, at 3:45 A.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE ANTERIOR, SEPTAL AND
POSTERIOR MYOCARDIAL INFARCTION 15 DAYSDue To (b) ATHEROSCLEROTIC CORONARY
ARTERY DISEASE 3 YEARS

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS MYXEDEMA 10 YEARS

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 5/18 1959

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

DATE OF BURIAL May 20 1959

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St. Winthrop
MAY 20 1959

Received and filed. MAY 20 1959 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 Anthony D Vesce
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 2 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

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

17 NAME OF FATHER Thomas Thobuan

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

19 MAIDEN NAME OF MOTHER Catherine Mc Cauley

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Anthony D Vesce
(Address) 974 Saratoga 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) 5/20/59

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

PLACE 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.

82

No. Winthrop Convalescent

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

2 FULL NAME Clara Coleman (King)

(If deceased 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. 94 Homer St. East Boston

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 19 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from

June 1, 1957, to May 18, 1959

I last saw her alive on 5/18, 1959, death is said to

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

INTERVAL
BETWEEN
ONSET AND
DEATH
4 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 5/19 1959

6 Hardings Crossing Brunswick Me.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 22, 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St. E. Boston

Received and filed MAY 20 1959 19

(Registrar)

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 Charles Coleman

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 4 Months 15 Days

If under 24 hours
Hours Minutes

13 Usual

Occupation: Proprietor

(Kind of work done during most of working life)

14 Industry

or Business:

Variety Store

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country) Bath Maine

17 NAME OF FATHER

Francis King

18 BIRTHPLACE OF FATHER (City)

Canada

(State or country)

19 MAIDEN NAME OF MOTHER

U to L

20 BIRTHPLACE OF MOTHER (City)

Canada

(State or country)

21

Informant: Mrs. Margaret Hoff

(Address) 94 Homer St. East Boston

I 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)

Health Officer

(Date of Issue of Permit) 5/19/59

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

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

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

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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

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. 83

No. ~~104xHIGHLANDxave.~~ Mount's Convalescent Home St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Margaret M. Flanagan 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)(a) Residence. No. 453 Shirley St. St. (If nonresident, give city or town and State)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 19 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1944 to May 10 1959

I last saw her alive on May 10 1959, death is said to have occurred on the date stated above, at 12:20 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular accident

INTERVAL
BETWEEN
ONSET AND
DEATH

1 hour

Due To (b) Senility + arteriosclerosis

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) H. S. Greenfield, M. D.

(Address) 47 Shirley St. Winthrop Date 5-19 1959

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

DATE OF BURIAL May 22 1959

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

Received and filed MAY 20 1959 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 John W. Flanagan (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 77 AGE 77 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: Own Home

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

17 NAME OF FATHER John Mooney

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

19 MAIDEN NAME OF MOTHER Sarah McDonald

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant John W. Flanagan
(Address) 453 Shirley St.

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

(Signature of Agent or Board of Health or other)
Health Officer 5/20/59
(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 cause of which he died, defined as required by section one, where same was ascertained, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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

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

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

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

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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. 81

No. 15 Villa Avenue

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

2 FULL NAME Arthur Eugene Griffin

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 15 Villa Avenue
(Usual place of abode)

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

Length of stay: In place of death 81 years months days. In place of residence 81 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 21 1959
(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 11:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Presumably due to

(b) natural causes.

(c) Board of Health
Town of Winthrop.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 Liberman, M. D.

(Address) Winthrop, Mass. Date 5/22/59

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

DATE OF BURIAL May 25, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAY 22 1959

(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 Louise Isabell Ingalls
(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 2 Months 9 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired electrical engineer
(Kind of work done during most of working life)

14 Industry or Business: Boston Edison Co.

15 Social Security No.

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

17 NAME OF FATHER Sydney Haskill Griffin

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

19 MAIDEN NAME OF MOTHER Mary Priscilla Ryder

20 BIRTHPLACE OF MOTHER (City) Chatham
(State or country) Massachusetts21 Informant Mrs. Arthur E. Griffin
(Address) 15 Villa 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) 5/22/59

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

PLACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

X
PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

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

Registered No.

85

No. Waters Cottage Park Beach/

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

2 FULL NAME STEPHANIE BRIANA

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 19 Seymour 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.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 22 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Asphyxia due to drowning.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 5/22 19.59

Where did Injury occur? Winthrop, Mass.
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in
public place? Public beach
(Specify type of place)Manner of Injury Slipped from log into water.
(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 P. Thompson M. D.

(Address) Boston, Mass. Date 5/22 19.59

7 Winthrop Cemetery, Winthrop

Place of Burial, or Cremation (City or Town)

DATE OF BURIAL May 25, 19.59

8 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 IF STILLBORN, enter that fact here.

13 AGE 4 Years 13 Days If under 24 hours
Hours Minutes

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

15 Industry
or Business:16 Social Security No. Winthrop
Mass.17 BIRTHPLACE (City)
(State or country)

18 NAME OF FATHER Richard W. Briana

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

20 MAIDEN NAME OF MOTHER Norma DeStefano

21 BIRTHPLACE OF MOTHER (City)
(State or country) Boston
Mass.22 Informant Richard W. Briana
(Address) 19 Seymour St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Caggiano
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation) 5/25/59
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

1R-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 causedons, if any,
ave rise to
cause (a),
the under-
cause last.ons contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
s to print or
cause or
death on
ificates.

50M-1-58-921876

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. 86

Registered No. _____

PLACE OF DEATH 1
1 GLIFFOLLY
(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 MARY J. (HENRY) SLOAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 18 PLEASANT PARK RD St. _____
(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		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH <u>MAY 23 1959</u> (Month) (Day) (Year) 4 I HEREBY CERTIFY, That I attended deceased from <u>Oct 25</u>, 1958, to <u>MAY 23</u>, 1959. I last saw <u>her</u> alive on <u>MAY 22</u>, 1959, death is said to have occurred on the date stated above, at <u>7:50 A</u> m. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u> Due To (b) <u>HYPERTENSION</u> Due To (c) <u>ARTERIOSCLEROSIS - CEREBRAL</u> OTHER SIGNIFICANT CONDITIONS _____ Was autopsy performed? <u>No</u> What test confirmed diagnosis? _____ 5 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Dorothy Cheney Appleton</u>, M. D. (Address) <u>197 Woodside Ave</u> Date <u>5/23</u> 1959 Place of Burial or Cremation <u>WINTHROP</u> (City or Town) DATE OF BURIAL <u>MAY 24 1959</u> 7 NAME OF FUNERAL DIRECTOR <u>MURICE WYIRBY</u> ADDRESS <u>WINTHROP</u> Received and filed _____ 19 _____ (Registrar)	8 SEX <u>FEMALE</u> 9 COLOR <u>WHITE</u> 10 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> or <u>DIVORCED</u> 10a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of <u>PATRICIA SLOAN</u> (Husband's name in full) 11 IF STILLBORN, enter that fact here. 12 AGE <u>70</u> Years _____ Months _____ Days If under 24 hours _____ Hours _____ Minutes 13 Usual Occupation: <u>BOOKKEEPER</u> (Kind of work done during most of working life) 14 Industry or Business: <u>OFFICE GENERAL</u> 15 Social Security No. <u>NONE</u> 16 BIRTHPLACE (City) <u>BOSTON</u> (State or country) <u>MASS</u> 17 NAME OF FATHER <u>THOMAS HENRY</u> 18 BIRTHPLACE OF FATHER (City) <u>IRELAND</u> (State or country) 19 MAIDEN NAME OF MOTHER <u>BRIDGET CONNIFF</u> 20 BIRTHPLACE OF MOTHER (City) <u>IRELAND</u> (State or country) 21 Informant <u>MRS DELLA THOMPSON</u> (Address) <u>167 LEBEDON ST. MELROSE</u> I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Ralph E. Sullivan</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Date of Issue of Permit) <u>5/25/59</u> I.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 cause of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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

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

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

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

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

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. 87

No. 33 Banks Street

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})

2 FULL NAME Alice Jane (Good) Campbell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 33 Banks Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 30 years months days. In place of residence 30 years months days.

INSTRUCTIONS
FOR
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-
cause last.ions contrib-
eath but not
the terminal
ndition givenChapter 137,
1954, requires
s to print or
t: cause or
f death on
ificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 26 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 1956 to May 26, 1959
I last saw her alive on May 24, 1959, death is said to
have occurred on the date stated above, at 7:47A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia (terminal)

Due To (b) Carcinomatosis

Due To (c) Carcinoma of Bowel

OTHER SIGNIFICANT CONDITIONS Senility

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) 19 Woodlawn Everett, Mass. 5-08-1959

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 28 1959

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed May 28 1959 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 Frank G Campbell
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 5 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) West Bathurst
(State or country) New Brunswick

17 NAME OF FATHER Robert Good

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Eddy

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Ruth L Smith
(Address) 33 Banks 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 5/20/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars, or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed 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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

- THIS IS A
NENT RECORD.
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RUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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(b) and (c)

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heart failure,
etc. It means
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cause (a),
the under-
cause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
954, requires
is to print or
cause or
f death on
ificates.

AP. 46, §§ 9 &

AP. 114 §§ 45,

AP. 38 § 6.)

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. 88

PLACE OF DEATH

1

(County)

(City or Town)

No.

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 4 years months days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 25, 1959, to May 28, 1959

I last saw him alive on May 27, 1959, death is said to

have occurred on the date stated above, at 1:30 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CANCER of BLADDER
with METASTASIS TO LIVER AND

Due To PANCREAS

(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)

Date

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

1959

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

JUN 1 1959

(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

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)

SPACE FOR ADDITIONAL INFORMATION

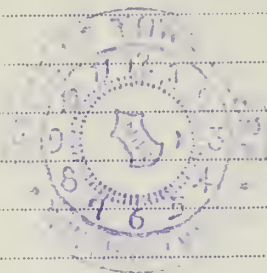
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



JUN - 1 1959 PM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to 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.

R-301A

-THIS IS A
NENT RECORD.
se only

APPROVED
ink or black
riter ribbon.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
a heart failure,
etc. It means
sue, 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
to print or
cause or
of death on
ificates.

AP. 46, §§ 9 &
AP. 114 §§ 45,
AP. 38 § 6.)

O-58-923886

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. 89

PLACE OF DEATH
1

Suffolk
(County)
Winthrop
(City or Town)



No. 322 Pleasant

((If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})

2 FULL NAME Thomas L. Regan
(If deceased 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. 322 Pleasant St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 31 years months days. In place of residence 31 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 30 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Aug, 1951, to 30 May, 1959
I last saw him alive on 30 May, 1959, death is said to
have occurred on the date stated above, at 10:00 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Due To (b) Multiple Myeloma 6 mo.

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis? sternal biopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Munnay M. D.

(Address) Winthrop Date 31 May 1959

6 Place of Burial or Cremation Winthrop Cem. Winthrop
(City or Town)

DATE OF BURIAL June 3, 1959

7 NAME OF FUNERAL DIRECTOR John G. Kelly
ADDRESS 286 Meridien St., 5th B.

Received and filed JUN 1 1959

(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 Mrs. Frances Lane
(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: Sales Manager
(Kind of work done during most of working life)

14 Industry or Business: Automobiles Legal Asso.

15 Social Security No. 022-031-0174

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Joseph C. Regan

18 BIRTHPLACE OF FATHER (City) New York
(State or country)

19 MAIDEN NAME OF MOTHER Mary Lahey

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Mrs. W. Frances Regan
(Address) 322 Pleasant St., Win.

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) 6/1/59

RECEIVED

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUN 1 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

PLACE OF DEATH

Middlesex
(County)
Lexington
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Lexington
(City or Town making this return)
Registered No. 90

No. Metropolitan State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME CHRISTINA J. LUNDGREN
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 36 Cutler Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death. 28 years. 0 months. 18 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 10 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1, 1958, to May 10, 59
I last saw her alive on May 10, 1959, death is said to have occurred on the date stated above, at 1:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Bronchopneumonia

Due To (b) --

Due To (c) --

OTHER SIGNIFICANT CONDITIONS Heart 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) Guilomar Silveira M. D.
(Address) Met. State Hosp. Date May 10, 59

6 Holyhood Cemetery Brookline
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 15 1959

7 NAME OF FUNERAL DIRECTOR D. J. O'Connor & Son
ADDRESS 558 Tremont St. Roxbury
JUL 6 1959

Received and filed JUL 6 1959

(Registrar of City or Town where deceased resided)

INTERVAL BETWEEN ONSET AND DEATH
?
?

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 Lundgren (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 2 Months 2 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Cannot learn

16 BIRTHPLACE (City) Boston (State or country) Massachusetts

17 NAME OF FATHER James M. White

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Mary E. Ross

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Massachusetts

21 Informant (Address) Records, Metropolitan State Hosp. Waltham 54, Mass.

A TRUE COPY

ATTEST: James J. Carroll (Registrar of City or Town where death occurred)

DATE FILED May 13, 1959

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



JUL 6 1959 AM

THIS IS A
MENT RECORD.
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APPROVED
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CTIONS
FOR
CERTIFICATE

giving
OF DEATH

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(b) and (c)

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of dying,
heart failure,
etc. It means
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eath but not
the terminal
dition given

Chapter 137,
954, requires
s to print or
cause or
death on
ificates.

P. 46, §§ 9 &

P. 114 §§ 45,

CAP. 38§6.)

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. 91

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 63 Walden St

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)}

2 FULL NAME Carla J. Adams

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 63 Walden 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 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 2 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 1958, 19 to June 2nd, 1959.

I last saw her alive on June 1, 1959, death is said to
have occurred on the date stated above, at 3.30 AM.

INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

1 year

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Massive thrombocytopenic
bleeding

Due To (b) Acute lymphocytic leukemia

Due To
(c)

OTHER SIGNIFICANT CONDITIONS
Bronchial pneumonia

Was autopsy performed? No

What test confirmed diagnosis? Bone marrow biopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Dan L. Lamer, M. D.

(Address) 735 Cambridge Date 6/2 1959

6 Winthrop Boston Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 4, 1959 19

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass.

Received and filed JUN 3 1959 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 3 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:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER Charles Adams

18 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass

19 MAIDEN NAME OF MOTHER Joyce Carter

20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

21 Informant Charles Adams
(Address) 63 Walden 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)

Health Officer 6/3/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RECEIVED



RULES OF PRACTICE

The fulfillment of the purpose of these rules calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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, (c. 1.)

25M-2-58-922072

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

92

COPY OF

CERTIFICATE OF DEATH

Registered No. 770

No. Mount Auburn Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy McDonald
(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 Plummer 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. 2 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 5, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from June 3, 1959, to June 5, 1959
I last saw him alive on June 5, 1959, death is said to have occurred on the date stated above, at 12:05 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hyaline Membrane Disease

Due To Delivery
(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) Ralph A. Ross, M. D.

(Address) 41 Brattle St. Date 6/5/ 1959

6 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 9, 1959

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS Winthrop

Received and filed JUL 9 1959 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 Anglo

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) Cambridge
(State or country) Mass.

17 NAME OF FATHER Frank J. McDonald

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Louise Killian

20 BIRTHPLACE OF MOTHER (City) Salem
(State or country) Mass.21 Informant Frank McDonald
(Address) 35 Plummer Ave. Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 9, 1959

RECEIVED



JUL 13 1959 PM

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
the under-
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
as to print or
cause or
of death on
ificates.

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. 98

No. 128 Terrace Ave.

((If death occurred in a hospital or institution,
St. give its NAME instead of street and number))

2 FULL NAME Christine M (Ross) Andren

(If deceased 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. 128 Terrace Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 11 years months days. In place of residence 11 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 9th 1959
(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 9:30 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

(b) Presumably Coronary Occlusion sudden

(c) Arteriosclerotic Heart Disease 10 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) Arthur C. Macmillan, M. D.

(Address) Winthrop Board of Health Date 10 June 1959

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL June 12 19 59

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop, Mass

Received and filed JUN 11 1959 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 Ralph O Andren
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years 10 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry or Business: Own Home
None

15 Social Security No. None

16 BIRTHPLACE (City) Westville
(State or country) Nova Scotia

17 NAME OF FATHER William Ross

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Flora MacMillan

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia21 Informant, Ralph O Andren
(Address) 128 Terrace Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 6/11/59
(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 (such as falling resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-301A

-THIS IS A
MENT RECORD.
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APPROVED

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riter ribbon.

STRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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(b) and (c)

does not mean
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heart failure,
etc. It means
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the under-
cause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
s to print or
cause or
f death on
otificates.

CAP. 46, §§ 9 &

CAP. 114 §§ 45,

CAP. 38 § 6.)

10-58-923886

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. 94

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. 190 Pleasant St

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])2 FULL NAME Jacob Glazier
(If deceased 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. 2 Lawrence
(Usual place of abode)St. Chelsea
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 63 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 10 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
2/17, 1959, to 6/11/59, 1959
I last saw him alive on 6/11/59, death is said to
have occurred on the date stated above, at 2 P.m.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 1/2 h

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY
THROMBOSIS(b) Due To CORONARY HEART
DISEASE

(c) Due To

OTHER SIGNIFICANT CONDITIONS MYOCARDIAL
INFARCT

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) 221 [Address], Date 6/11/59

6 TEMPLE ISRAEL Cem. Peabody
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 11 1959

7 NAME OF FUNERAL DIRECTOR Torf Funeral Service
ADDRESS 151 Washington St Chelsea

Received and filed JUN 11 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR White 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
OR DIVORCED OR DIVORCED

10a If married, widowed, or divorced Anna Gordon
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Contractor
(Kind of work done during most of working life)

14 Industry or Business: Building

15 Social Security No. 013 28 6109

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Kalman Glazier

18 BIRTHPLACE OF

FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER C.B.S.

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Dr. William Glazier
(Address) 190 Pleasant 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)
Health Officer 6/11/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

3152989

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

R-301A

INSTRUCTIONS
OR
CERTIFICATEIVING
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50M-1-58-921876

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. 95

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME Hodgkins, Edith May (Carter)

(If deceased 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. 381 Winthrop St.,
(Usual place of abode)St. Bartlett New Hampshire
(If nonresident, give city or town and State)

Length of stay: In place of death years months 9 days. In place of residence 7 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 12 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
FEB 24, 1954 to JUNE 12, 1959I last saw her alive on JUNE 12, 1959, death is said to
have occurred on the date stated above, at 3:30 A. M.INTERVAL
BETWEEN
ONSET AND
DEATH
approx.
6 mo.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF COMMON BILE
DUCT & LIVER WITH (PROXIMAL)(b) RESULTANT OBSTRUCTION OF
THE DUCT AND JAUNDICE

(c) Due To

OTHER
SIGNIFICANT
CONDITIONS GENERAL ARTERIO SCLEROSIS 2 YRS

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) Myron N. King, M. D.

(Address) 222 Pleasant St. Winthrop, Mass. 6/12/59

6 Woodlawn Cemetery Everett Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 15, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUN 15 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED or DIVORCED married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of True Frank Hodgkins
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 5 Months 25 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. 002-14-7717

16 BIRTHPLACE (City) North Conway
(State or country) New Hampshire

17 NAME OF FATHER William Solon Carter

18 BIRTHPLACE OF FATHER (City) North Conway
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Ada Berry

20 BIRTHPLACE OF MOTHER (City) Conway
(State or country) New Hampshire21 Informant Perry Jewell Hodgkins
(Address) 381 Winthrop St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/15/59

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.)

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. **U.S. Naval Hospital****Anne A. Oakes**

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

31 Locust

(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. **13** years. **13** months. **30** days. In place of residence **30** months. **30** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **June 13, 1959**

(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from **May 31 1959** to **June 13 1959**I last saw her on **June 13 1959** death is said to have occurred on the date stated above, at **5:30 A.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Myocardial infarction**

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

(Signed) **H.O. Kretzschmar, LCDR MC** M. D.(Address) **USNH, Chelsea, Mass. 6/13/59**6 Place of Burial or Cremation **June 16, 1959** (City or Town)DATE OF BURIAL **June 16, 1959**7 NAME OF FUNERAL DIRECTOR **John F. O'Malley**
Atlantic St., Winthrop, Mass.

ADDRESS

Received and filed **JUL 7 1959**

(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. **273 96**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **White** 10 SINGLE (write the word) **MARRIED**
WIDOWED or **DIVORCED** **Married**

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **James**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **65** Years **8** Months **3** Days If under 24 hours
Hours Minutes13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)14 Industry or Business: **cannot be learned**15 Social Security No. **cannot be learned**
16 BIRTHPLACE (City) **Ireland Free State**
(State or country)17 NAME OF FATHER **Patrick Dooley**18 BIRTHPLACE OF Ireland
FATHER (City)
(State or country)19 MAIDEN NAME **Ellen Rice**
OF MOTHER20 BIRTHPLACE OF Ireland
MOTHER (City)
(State or country)21 Informant **M. Harrington (daughter)**
(Address) **Otis St., Winthrop, Mass.**

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **June 15, 1959**

RECEIVED



JUL 17 1959 AM

R-301A

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504-5-36-9/7573

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. 97

No. 104 Highland Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leondias C. Hammond
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a no
U. S. War Veteran, if so specify WAR)(a) Residence. No. 49 Trevalley Rd., St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 2 months 21 days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 1957, to June 14, 1959
I last saw him live on June 14, 1959, death is said to
have occurred on the date stated above, at 3:45 P.m.INTERVAL
BETWEEN
ONSET AND
DEATH
2 yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arterio-sclerosis, cerebral

Due To
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS Parkinson's Syndrome 5 yrs
Chronic Cystitis 1 yr.

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 6/16/1959

6 Holy Cross
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 17, 1959 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray
ADDRESS Revere.

Received and filed JUN 18 1959 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 Annie J. Davis
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years. Months Days If under 24 hours
Hours Minutes13 Usual Occupation: salesman
(Kind of work done during most of working life)14 Industry mens wear
or Business:

15 Social Security No. 010-07-0695

16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER Louis Hammond

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)19 MAIDEN NAME Margaret MacDonald
OF MOTHER20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Mary Hammond
Informant (Address) 49 Trevalley Rd., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Liberman
(Signature of Agent of Board of Health or other)Health Officer 6/16/59
(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).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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100M-11-35-9161-45

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. 98

1 No. 241 WASHINGTON AVE St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY E. SULLIVAN ~~GALLAGHER~~ (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 241 WASHINGTON AVE St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. 45 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 15 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11-12, 1955 to June 15, 1959

I last saw her alive on June 15, 1959, death is said to have occurred on the date stated above, at 4:10 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia (terminal)

Due To (b) Cerebrovascular hemorrhage

Due To (c) Arteriosclerosis generalized

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 J. Regan M. D.

(Address) 194 Washington Ave. Date 6-16 1959

6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 18 1959

7 NAME OF FUNERAL DIRECTOR Maund N. Ruby

ADDRESS WINTHROP

Received and filed JUN 18 1959

(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 J. GALLAGHER (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: HOME MAKER (Kind of work done during most of working life)

14 Industry or Business: HOUSE

15 Social Security No. 1 IRELAND

16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER PATRICK SULLIVAN

18 BIRTHPLACE OF FATHER (City) (State or country) IRELAND

19 MAIDEN NAME OF MOTHER MARY MEARA

20 BIRTHPLACE OF MOTHER (City) (State or country) IRELAND

21 Informant JOHN J. GALLAGHER JR (Address) 241 WASHINGTON AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
Healed Officer (Official Designation) 6/16/59 (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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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
CERTIFICATE

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50M-1-58-921876

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. 99

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME John H. Driscoll

(If deceased 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. 19 Walker St., Somerville, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 8 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 17 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

6-9-59, 19 to 6-17, 1959

I last saw him alive on 6-17-59, 19, death is said to

have occurred on the date stated above, at 11.35 P.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial heart disease

yrs

Due To Arteriosclerosis, gen'l'ized

(b)

yrs

Due To

(c)

OTHER
SIGNIFICANT CONDITIONS Coronary ischemia

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 L. Grogan, M. D.

(Address) 194 Washington Ave. Date 6-18-59

6 Place of Burial or Cremation Winthrop, Mass Holy Cross Cem.

(City or Town)

DATE OF BURIAL June 20, 1959

7 NAME OF FUNERAL DIRECTOR George L. Doherty Jr

ADDRESS 855 Broadway Somerville

Received and filed JUN 19 1959

(Registrar)

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 MARY K O'KEEFE
(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: Electrician
(Kind of work done during most of working life)

14 Industry or Business: Self Emp.

15 Social Security No. C17-28-2246

16 BIRTHPLACE (City) Somerville, Mass.
(State or country)

17 NAME OF FATHER Cornelius Driscoll

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Hurley

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Wife
(Address) as aboveI 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)
Death Officer 6/19/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

2-7-18

DATE OF DISCHARGE

9-22-19

RANK, RATING

Elst Class U.S.N.R.

ORGANIZATION AND OUTFIT

SERVICE NUMBER

131-99-15

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. 100

No. 103 Sargent

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

Ernest Cataldo

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

103 Sargent

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

no

(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 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

June 19, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY. That I attended deceased from

SEPT 1, 1958, to JUNE 19, 1959

I last saw him alive on JUNE 19, 1959, death is said to

have occurred on the date stated above, at 2:30 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

2 WEEKS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS

Due To

(b) CORONARY ARTERY

SCLEROSIS

1 YEAR

Due To

(c) GENERALIZED ARTERIO-

SCLEROSIS

15 YEARS

OTHER
SIGNIFICANT
CONDITIONS DIABETES MELLITUS

Was autopsy performed?

NO

What test confirmed diagnosis? ECG. TESTS

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Charles J. Cataldo

M. D.

(Address)

49 Byron

Boston Mass

Date JUNE 21 1959

6 Holy Cross Cemetery

Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

June 23,

1959

7 NAME OF

FUNERAL DIRECTOR

Vincent Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed

JUL 7 1959

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

Carmella Carbone

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 77

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Retired

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

Unknown

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF
FATHER

Domenic Cataldo

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME
OF MOTHER

Gaetana (unknown)

20 BIRTHPLACE OF
MOTHER (City)
(State or country)

Italy

21

Informant

(Address)

Helen Cataldo

55 Banks St., Winthrop, Mass.

I HEREBY CERTIFY

that this is a true and correct copy of the standard certificate of death

as filed, and that a permit was issued:

R. Rogerson
(Official Designation) (Date of Issue of Permit) 7/6/59

V.B.V.

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

Middlesex

(County)

Cambridge

(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. 818 101

No. Holy Ghost Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Margaret Lowther

(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. 71 Paine Street

(Usual place of abode)

Winthrop, Massachusetts

(If nonresident, give city or town and State)

Length of stay: In place of death. years. 1 months. 1 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 21, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 20, 1959 to June 21, 1959

I last saw him live on June 21, 1959, 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) Carcinoma of rectum with

Due To liver metastases

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

(Signed) Philip J. Landry, Jr., M. D.

(Address) Holy Ghost Hospital Date 6/22 1959

Holy Cross Cemetery Malden

6 Place of Burial or Cremation June 25th (City or Town) 59

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby, Inc.

ADDRESS 917 Bonnington St. E. Boston

Received and filed JUL 3 1959 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

F

W

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 57 Years 11 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: none

15 Social Security No. none

16 BIRTHPLACE (City) Chelsea
(State or country) Mass.

17 NAME OF FATHER John P. Lowther

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Cecelia E. Doherty

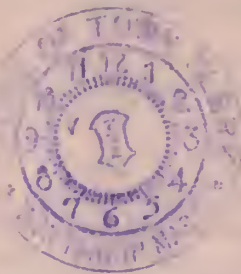
20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant: Miss Grayce L. Lowther-sis
(Address) 71 Paine St. Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 22, 1959

RECEIVED



JUL 1 1959 PM

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MEDICAL EXAMINER CALLED & DECLINED JURISDICTION

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. 102

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Catherine Tarone

(If deceased 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 Waldemar Ave.,
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence 11 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 23 1959.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JAN 28, 1957, to JUNE 23, 1959.
I last saw her live on JUNE 23, 1959, death is said to
have occurred on the date stated above, at 3:54 m.INTERVAL
BETWEEN
ONSET AND
DEATH
8 HRS.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE PULMONARY EDEMA

Due To (b) ARTERIO-SCLEROTIC AND
HYPERTENSIVE HEART DIS. 3 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) Myron H. King, M. D.

(Address) 222 PLEASANT ST. Date JUNE 23 1959

6 New Calvary Cemetery, Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 26, 1959

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St., Winthrop

Received and filed JUN 23 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

female

white

MARRIED

WIDOWED

single

10a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 4 Months 27 Days

If under 24 hours
____ Hours ____ Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City),
(State or country) England

17 NAME OF FATHER Information Unavailable

18 BIRTHPLACE OF FATHER (City) Information Unavailable
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Swift

20 BIRTHPLACE OF MOTHER (City) Wales
(State or country) England21 Informant: Edward J. Mahoney
(Address) 27 Hoy Ter. MiltonI 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) 6/23/59

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 nine, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 103

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Catherine Corcoran Welsh

(If deceased 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 Prescott
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 6 23 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
6/22 1959, to 6/23 1959
I last saw him alive on 6/23 1959, death is said to
have occurred on the date stated above, at 12.30 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH
1 DAY

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-SCLEROTIC HEART
DISEASE - HYPERTENSIONDue To
(b)Due To
(c)GENERALIZED
ARTERIO-SCLEROSISOTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? 0

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? 0
If so, specify

(Signed) Frank O'Brien M. D.

(Address) 113 Prescott St. Date 6/23 1959

6 St. JOSEPH'S Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 26 1959

7 NAME OF FUNERAL DIRECTOR Mauna W. Kirby

ADDRESS WINTHROP

Received and filed JUN 25 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

wh

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 JOHN F. WELSH
(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: NONE

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. NONE

16 BIRTHPLACE (City)
(State or country)

IRELAND

17 NAME OF
FATHER

CORNELIUS CORCORAN

18 BIRTHPLACE OF

FATHER (City)

(State or country)

IRELAND

19 MAIDEN NAME

OF MOTHER

MARGARET O CONNOR

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

IRELAND

21

Informant

(Address)

MISS ALICE WELSH
12 PRESCOTT 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) 6/20/59

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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. 101

1 No. 23 ELLIOT ST. (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME GRAYCE J FLAHERTY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 23 ELLIOT ST. 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 June 24 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 1948, to 24 June 1959
I last saw her alive on 24 June 1959, death is said to
have occurred on the date stated above, at 11:00 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

24 hours

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

Due To (b) Hypertensive Heart Disease 20 yrs

Due To (c) OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 6 yrs

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) Arthur C. Murray M. D.

(Address) Wintthrop, Mass Date 25 June 1959

6 ST BERNARDS FITCHBURG
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 29 1959

7 NAME OF FUNERAL DIRECTOR Murray W. Tully
ADDRESS WINTHROP

Received and filed JUN 29 1959 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 68 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: TEL (Kind of work done during most of working life)

14 Industry or Business: TEL REPAIROR

15 Social Security No. NOT KNOWN

16 BIRTHPLACE (City) FITCHBURG
(State or country) MASS

17 NAME OF FATHER BERNARD H.

18 BIRTHPLACE OF FATHER (City) FITCHBURG
(State or country) MASS

19 MAIDEN NAME OF MOTHER SUSAN O'HARA

20 BIRTHPLACE OF MOTHER (City) FITCHBURG
(State or country) MASS21 Informant EDWARD FLAHERTY
(Address) FITCHBURG 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 6/26/59
(Official Designation) (Date of Issue of Permit)

V.H.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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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on back side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

105

No. Winthrop Comm Hospital

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME Freida Sheldon

(If deceased 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. 190 River Road, Winthrop St.

(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 2 years 3 months 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 25 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

1941 to June 25, 1959I last saw her alive on June 25, 1959, death is said to have occurred on the date stated above, at 51WA, m.INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hemorrhage from duodenal ulcer

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Malnutrition6 monthsWas 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 6/25/19596 Onekatty Roc million

(City or Town)

DATE OF BURIAL June 26 19597 NAME OF FUNERAL DIRECTOR Gay Funeral Service IncADDRESS Chelsea

Received and filed

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCEDFemale White

10a If married, widowed, or divorced

HUSBAND of

Albert Sheldon
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 44 Years 8 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:

Own home

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

EverettMass.

17 NAME OF

FATHER

Charles Dorris

18 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

19 MAIDEN NAME

OF MOTHER

Rose Butler

20 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

21

Informant

(Address)

Albert Sheldon
190 River Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Charles Liberman
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)6/25/59
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized 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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 106

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 149 LINCOLN ST(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})

2 FULL NAME

NELLIE F CUMMINGS

(If deceased 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.

149 LINCOLN ST

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

June 27, 1959

(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 Approx 6 m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Death was due to

Due To

natural causes.

(b)

Due To

Winthrop Board
of Health.

(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)

Charles Lieberman

M. D.

(Address)

Winthrop

Date

6/29/1959

6 HOLY CROSS

MAIDEN

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

JUNE 30

1959

7 NAME OF

FUNERAL DIRECTOR

Maurice H Ruby

ADDRESS

WINTHROP

Received and filed

JUN 29 1959

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

FEMALE

WHITE

SINGLE

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 50

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

BOX MAKER

(Kind of work done during most of working life)

14 Industry

or Business:

PAPER BOX FACTORY

15 Social Security No.

NONE

16 BIRTHPLACE (City)

EAST BOSTON

(State or country)

MASS

17 NAME OF

FATHER

EDWARD F CUMMINGS

18

BIRTHPLACE OF

FATHER (City)

IRELAND

(State or country)

19

MAIDEN NAME

OF MOTHER

CATHERINE BROWN

20

BIRTHPLACE OF

MOTHER (City)

IRELAND

(State or country)

21

Informant

FLORENCE CUMMINGS

(Address)

149 LINCOLN ST WINTHROP

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)

(Date of Issue of Permit)

(Date of Issue of Permit)

HAY

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

107

No. 176 Circuit Road

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Minnie Adelaide (Douglas) Remby

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO.

(a) Residence. No. 176 Circuit 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 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 27 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from June 27 1959

1952

to June 27 1959

I last saw her alive on June 27 1959, death is said to have occurred on the date stated above, at 7 P.M. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

2 yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Stomach

Due To (b)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Generalized Arteriosclerosis 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 29 June 1959

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 30 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsk

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed John A. Stark

(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

Joshua Remby

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 90 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)

(State or country)

Monoton
New Brunswick-Canada

17 NAME OF

FATHER

Edwin Douglas

18 BIRTHPLACE OF

FATHER (City)

Prince Edward Island

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER

Hettie Cook

20 BIRTHPLACE OF

MOTHER (City)

Prince Edward Island

(State or country)

Canada

Informant (Address)

William E. Remby
40 Howard Avenue LynnfieldI 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.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 house, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or 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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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

25M-2-58-922072

7
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. 108

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 Margaret Valliere (Sullivan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 7 Temple Avenue, Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 20, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from June 14, 1959 to June 20, 1959
on June 20, 1959, at 8:45a.
I last saw him alive on June 20, 1959, death is said to have occurred on the date stated above, at 8:45a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
Arteriosclerotic Heart Disease

INTERVAL
BETWEEN
ONSET AND
DEATH
yrs.

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS no

Was autopsy performed? Clinical & Laboratory
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

Andrew Nichols, III
(Signed) Hathorne, Mass. 6/20/59 M. D.

(Address) Winthrop Cemetery Winthrop, Mass.

6 Place of Burial or Cremation June 25, 1959 (City or Town)

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed July 15, 1959

(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 Widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Horace Valliere
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 7 29 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. unk.
16 BIRTHPLACE (City) Gardener, Mass.
(State or country)

17 NAME OF FATHER Patrick J. Sullivan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Connor

20 BIRTHPLACE OF MOTHER (City) Vermont
(State or country)

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 24, 1959

RECEIVED



JUL 15 1959 AM

X
PLACE OF DEATH
1
Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 109

No. 80 Angleside Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anthony L. Monti
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, WW #1
if so specify WAR)

(a) Residence. No. 80 Angleside 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 45 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 5 1959
(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 PULMONARY EDEMA
ARTERIOSCLEROTIC HEART DISEASE

5 Accident, suicide, or homicide (specify)

Date and hour of injury19.....

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 Strong M. D.

(Address) Boston Date 7/5 1959

7 Place of Burial, or Cremation. Winthrop
(City or Town)

DATE OF BURIAL July 8 1959

8 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
Winthrop Mass

ADDRESS

Received and filed JUL 7 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)

Male White MARRIED

11a If married, widowed, or divorced
HUSBAND of Marion Mulloy
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 72 Years.....Months.....Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: Retired Sheet Metal Worker
(Kind of work done during most of working life)

15 Industry or Business: U. S. Naval Shipyard

16 Social Security No.

17 BIRTHPLACE (City) Italy
(State or country)

18 NAME OF FATHER Cannot be learned

19 BIRTHPLACE OF FATHER (City) Italy
(State or country)

20 MAIDEN NAME OF MOTHER Cannot be learned

21 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

22 Informant Marion M. Monti
(Address) 80 Angleside Ave Winthrop

I 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)

7/7/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

6-4-17

DATE OF DISCHARGE

6-3-21

RANK, RATING

Coxswain

ORGANIZATION AND OUTFIT

U. S. N. R.

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50M-1-58-02187C

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. 110

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

Winthrop Comm. Hosp.

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

No. Anna Marie

2 FULL NAME Anna Westlin nee (Cousins)
(If deceased 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. 3 Elmer Ave. Winthrop, Mass St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 4 years 9 months 9 days. In place of residence 52 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 7, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
5-20, 1955 to July 7, 1959
I last saw her alive on July 7, 1959, death is said to
have occurred on the date stated above, at 7.55 PM m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic Carcinoma

2 yrs.

Due To Carcinoma of rt. breast
(b)

5 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No! X-ray &What test confirmed diagnosis? Bathology Report5 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 7-8 19596 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL July 10, 1959 197 NAME OF FUNERAL DIRECTOR J. Vincent MurrayADDRESS Revere Mass.Received and filed JUL 9 1959 19

(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 Fritz E. Westlin
(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: cashier
(Kind of work done during most of working life)

14 Industry or Business: _____

15 Social Security No. 010-32-791416 BIRTHPLACE (City)
(State or country) Boston Mass.17 NAME OF FATHER Edward Cousins18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia19 MAIDEN NAME OF MOTHER Mary Coleman20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant (Address) Fritz E. Westlin
3 Elmer Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Lunn
(Signature of Agent of Board of Health or other)Health Officer 7/9/59
(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.

An undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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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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. _____

Suffolk

(County)

Winthrop

(City or Town)



Convalescent

No. Mount's Rest Home 104 Highland Ave (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Catherine J. McHugh
(If deceased 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. 41 Atlantic St. St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 22 months 22 days. In place of residence 50 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 11, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
May 21, 1959 to July 11, 1959
I last saw him alive on July 6, 1959, death is said to
have occurred on the date stated above, at 605-A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart Disease
Generalized Heart Disease

Due To (b) Arteriosclerosis

Due To (c) Senility

INTERVAL
BETWEEN
ONSET AND
DEATH

yr

yr

yr

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) Joseph Gregoire, M. D.

(Address) 194 Washington St Date 7-11 1959

6 Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 15 19 59

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed July 15, 1959

(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 Henry P. McHugh
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 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) London
(State or country) England

17 NAME OF FATHER James Clarke

18 BIRTHPLACE OF FATHER (City) London
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Graham

20 BIRTHPLACE OF MOTHER (City) London
(State or country) England

21 Informant Helen M. Clarke
(Address) 41 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Lynam
(Signature of Agent of Board of Health or other)

Health Officer 7/13/59
(Official Designation) (Date of Issue of Permit)

RETURNS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war; and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the 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 injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

-THIS IS A
NENT RECORD.
se only

APPROVED
ink or black
riter ribbon.

STRUCTIONS
FOR
L CERTIFICATE

giving
OF DEATH

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(b) and (c)

does not mean
le of dying,
heart failure,
etc. It means
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which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
o the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

AP. 46, §§ 9 &

AP. 114 §§ 45,

HAP. 38 § 6.)

G.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



Convalescent

No. Mount's Rest Home 104 Highland Ave (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine J. McHugh
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 41 Atlantic St. St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In plate of death 1 years 32 months 22 days. In place of residence 50 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 11, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
May 21, 1959, to July 11, 1959
I last saw her alive on July 6, 1959, death is said to
have occurred on the date stated above, at 625 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
Myocardial Heart Disease

(a) Myocardial Heart Disease

Due To (b) arteriosclerosis

generalized

Due To (c) Senility

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) Joseph J. Rego, M. D.

(Address) 194 Washington St Date 7-4-1959

6 Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 15 19 59

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed July 15, 1959

(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. _____

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 Henry P. McHugh
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 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) London
(State or country) England

17 NAME OF FATHER James Clarke

18 BIRTHPLACE OF FATHER (City) London
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Graham

20 BIRTHPLACE OF MOTHER (City) London
(State or country) England

21 Informant (Address) Helen M. Clarke
41 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Lynam
(Signature of Agent of Board of Health or other)

Health Officer 7/13/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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.

RECEIVED



JUL 15 1959

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 112

WINTHROP COMMUNITY HOSPITAL

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SAMUEL BARON

(If deceased 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. 36 Summit Avenue
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....10 days. In place of residence.....30 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 13, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

CEREBRAL HEMORRHAGE
HYPERTENSIVE + ARTERIOSCLEROTIC HEART
DISEASE — FRACTURE OF FEMUR
Accident

5 Accident, suicide, or homicide (specify) 7/9 59
Date and hour of injury 19 59

IF ACCIDENTAL, was injury causally related to the death?

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? Hospital

Manner of injury Fall from bed
(How did injury occur?)

Nature of injury Fracture of femur

While at work? No Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Michael A. Luongo, M.D.
(Signed)

(Address) Boston Date 7/13 19 59
(Print or Type Signature)

7 Tifereth Israel, Everett
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL July 13, 19 59

8 NAME OF FUNERAL DIRECTOR Arnold Golov
ADDRESS 1668 Beacon St. Brookline

Received and filed July 15, 19 59

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR White 11 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Married

11a If married, widowed or divorced
HUSBAND of Ethel Groman
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 23 Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation: Grocery Store
(Kind of work done during most of working life)

15 Industry or Business: Proprietor

16 Social Security No. 019-28-6137

17 BIRTHPLACE (City) Lithuania
(State or country)

18 NAME OF FATHER Harris Baron

19 BIRTHPLACE OF FATHER (City) Lithuania
(State or country)

20 MAIDEN NAME OF MOTHER (Unknown)

21 BIRTHPLACE OF MOTHER (City) Lithuania
(State or country)

22 Informant David Groman
(Address) 222 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:

Ralph E. Seaman, Jr.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/13/59
(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 additional information. See also Chap. 36, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-924934

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

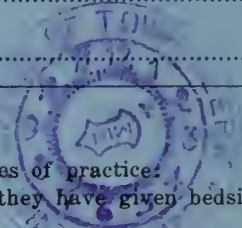
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

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 collision of railroad train and automobile." "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 for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

PLACE 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. 113

No. 104 Highland Ave. Mount's Convalescent Home (If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME Wilhelmina Koerner

(If deceased 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. 104 Highland Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years 7 months 7 days. In place of residence 7 years 7 months 7 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 14 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 5, 1956, to July 14, 1959

I last saw him alive on July 9, 1959, death is said to
have occurred on the date stated above, at 8:30 a.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

3 yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic heart disease

Due To Generalized arteriosclerosis

(b) 5 yrs

Due To
(c)

OTHER SIGNIFICANT Complete nerve deafness

CONDITIONS Chronic emphysema & bron-
chitis. Blindness no

Was autopsy performed?

What test confirmed diagnosis? Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Dr. Trautman, M. D.

(Address) 73 Bartlett Rd. Date July 14 19 59

6 Forrest Hills Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 16 19 59

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass.

Received and filed July 15 19 59

(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 94 Years 3 Months 12 Days If under 24 hours
AGE _____ 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) Wheeling
(State or country) West Virginia

17 NAME OF FATHER Antone Koerner

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Records O.A.A.
(Address) Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Laramie
(Signature of Agent of Board of Health or other)

Ralph C. Laramie 7/15/59
(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.

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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

JUL 27 5 1959 PM



RECEIVED

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
dition givenChapter 137,
954, requires
s to print or
cause or
death on
ificates.

50M-1-58-921876

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. _____

No. 132 Herman Street

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Elizabeth Bernadette Morgan

(If deceased 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. 132 Herman Street

St.

(If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence 80 years 8 months 26 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 16 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____, death is said to

have occurred on the date stated above, at 5 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Hypertension

(b) _____ years

Due To Cardiovascular-Renal Disease

(c) _____ years

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? post-mortem judgement

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Arthur C. Morgan, M. D.

(Address) Winthrop Board of Health June 1959

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 20 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUL 22 1959

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

female white

MARRIED
WIDOWED single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of _____

(Give maiden name of wife in full)

(or) WIFE of _____

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 80 Years 8 Months 26 Days

If under 24 hours

____ Hours ____ Minutes

13 Usual

Occupation: home maker

(Kind of work done during most of working life)

14 Industry

or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

17 NAME OF FATHER William Morgan

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Wales

19 MAIDEN NAME

OF MOTHER

Ellen Maloney

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21 Informant Atty. James E. Bagley, Jr.
(Address) 230 Salem St. Lynnfield, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Mass. Ralph C. Sullivan
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)7/17/59
(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 cause of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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
more than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
the underlying
cause which causedas, if any,
have 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
death on
ificates.Examiner
Declined
M.M.

50M-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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 115

No. 30 TEWKSBURY STREET St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie Kaplow (Cohen) (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 Tewksbury Street St. (If nonresident, give city or town and State)

Length of stay: In place of death 31 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 21 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at 7:25 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To (b) Presumably Coronary Occlusion Sudden 13 hours

Due To (c) Hypertensive Cardiovascular Disease 5 years

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? post-mortem judgement

5 Was disease or injury in any way related to occupation & deceased? no

If so, specify

(Signed) Nathan C. McManis, M. D.
Winthrop Board of Health, July 21, 1959

6 JEWISH DEED HOLDERS, EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 23, 1959

7 NAME OF FUNERAL DIRECTOR BENJ. F. SOLOMON

ADDRESS 420 HARVARD ST. BROOKLINE

Received and filed JUL 22 1959

(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 ISIDOR KAPLOW (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: HOUSE WIFE (Kind of work done during most of working life)

14 Industry or Business: NONE

15 Social Security No. NONE

16 BIRTHPLACE (City) LITHUANIA (State or country)

17 NAME OF FATHER BERYL COHEN

18 BIRTHPLACE OF FATHER (City) LITHUANIA (State or country)

19 MAIDEN NAME OF MOTHER (UNKNOWN)

20 BIRTHPLACE OF MOTHER (City) LITHUANIA (State or country)

21 Informant GERTRUDE PORTNOY (Address) 51 DEHON ST. REVERIE

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. McManis, Jr. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/27/59 (Date of Issue of Permit)

V.15 ✓

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

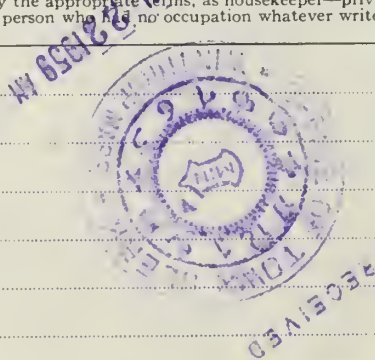
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



-THIS IS A
MENT RECORD.
e only
APPROVED
ink or black
riter ribbon.
CTIONS
FOR
CERTIFICATE

giving
OF DEATH
ot enter
than one
for each
(b) and (c)

oes not mean
e 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,
954, requires
as to print or
e cause or
f death on
tificates.

AP. 46, §§ 9 &

AP. 114 §§ 45,

AP. 38 § 6.)



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. 116

PLACE OF DEATH

1

(County)

Winthrop

(City or Town)

No.

Mount ^{Convalescent} Nursing Home(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})

2 FULL NAME

Emma Sylvester

(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)

104
105 Highland Avenue

St.

(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
DEATHJuly 27 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

Aug 40 to July 27 1959
I last saw him alive on July 27 1959, death is said to

have occurred on the date stated above, at 10 P. M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Broncho Pneumonia

Due To

(b)

ARTERIO SCLEROSIS

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) J. P. Macdonald, M. D.

(Address) 26 Centre Ave. Newton, Mass. Date July 28, 1959

6 Newton Cemetery, Newton, Mass.

Place of Burial & Cremation (City or Town)

DATE OF BURIAL July 30 1959

7 NAME OF

FUNERAL DIRECTOR

ADDRESS 26 Centre Ave. Newton, Mass.

Received and filed JUL 28 1959 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 90 Years 7 Months 25 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: At home

(Kind of work done during most of working life)

14 Industry

or Business:

None

15 Social Security No.

None

16 BIRTHPLACE (City) Newton, Mass.

(State or country)

17 NAME OF

FATHER

William H. Park, Jr.

18 BIRTHPLACE OF

FATHER (City)

Dorchester, Mass.

(State or country)

19 MAIDEN NAME

OF MOTHER

Nancy Jane Evans

20 BIRTHPLACE OF

MOTHER (City)

Boston, Mass.

(State or country)

21

Informant

(Address)

Mrs. Theodosia Batstone

Kent, Connecticut

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Serrano

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/25/59

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RECEIVED
JUL 28 1959 AM

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

SECURITY



JUL 30 1959



MONTE G. BASBAS
CITY CLERK

City of Newton, Massachusetts

Founded 1630

Incorporated a City 1873

City Hall

1000 Commonwealth Avenue, Newton Centre 59

July 28, 1959

TELEPH
BIGELOW

TO WHOM IT MAY CONCERN:

The Birth Records of this office show the following:

Emma Amelia Sylvester Born Dec. 2, 1868

Born Emma Amelia Park.

Adopted March 22, 1892 by Austin T. and Emeline C. Sylvester
of Newton.

Very truly yours,

Monte G. Basbas

MONTE G. BASBAS
CITY CLERK

RAS

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. 117

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Margaret T. Barter Fitzpatrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 63 Summit Ave. 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 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 28 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Oct. 1958 to July 28, 1959
I last saw her alive on July 28, 1959, death is said to
have occurred on the date stated above, at 7:50 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebro Vascular
Arterial Occlusion 8 days(b) Hypertensive and
Cerebral Arteriosclerosis 2 yrs

(c)

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 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) Charles Liberman M. D.

(Address) Winthrop, Mass. Date 7/28/1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 31 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass.

Received and filed JUL 30 1959 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 Timothy J. Barter
(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) Boston Mass
(State or country)

17 NAME OF FATHER William J. Fitzpatrick

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ann Dunn

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Anna Leary
(Address) 63 Summit 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) 7/30/59

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States 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 ~~supposed~~ to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6; as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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 Mass

(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. 118

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
(give its NAME instead of street and number)2 FULL NAME Josephine Dalton
(If deceased 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. 71 Waldemar Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 22 days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 28 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec, 1958, to July 28, 1959.
I last saw her alive on July 28, 1959, death is said to
have occurred on the date stated above, at 1.15 PM.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis Months

Due To (b) Carcinoma of ovaries

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) Joseph J. Cronin, M. D.

(Address) 194 Washington St. Date 7-28 1959

6 St. Josephs Boston, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 31 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed JUL 30 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 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.

12 AGE 59 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired School Teacher
(Kind of work done during most of working life)

14 Industry or Business: Boston School Dept

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Edward Dalton

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ellen McDonald

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Mrs Helen Daley
Informant (Address) 71 Waldemar 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) 7/30/59

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 119

Winthrop Comm. Hosp

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Frederick Almeida
(If deceased 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. 309 Lexington St. E. Boston, Mass
(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 X years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 29 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 14, 1959 to July 29, 1959, 19
I last saw him alive on 7-29-59, 19, death is said to
have occurred on the date stated above, at 1.07 PM m.INTERVAL
BETWEEN
ONSET AND
DEATH

4 hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary infarction

Due To (b) Rt. bundle branch block

24 hrs

Due To (c) Ca. of sigmoid

? yr.

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Surgery5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F. Corvella M. D.

(Address) 305 Chelsea St. E. B. 7-29-59

6 Place of Burial or Cremation Holy Cross (City or Town)

DATE OF BURIAL Aug 1 1959

7 NAME OF FUNERAL DIRECTOR George F. Costa

ADDRESS 257 Broadway

Received and filed 31 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR White 10 SINGLE MARRIED (Married)
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Isabelle PERRY
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 4 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation: Police Officer
(Kind of work done during most of working life)

14 Industry or Business: Station 7 E. Boston

15 Social Security No. East Boston, Mass

16 BIRTHPLACE (City)
(State or country)

17 NAME OF FATHER Frank Almeida

18 BIRTHPLACE OF FATHER (City) Azores
(State or country)

19 MAIDEN NAME OF MOTHER Gloria Sousa

20 BIRTHPLACE OF MOTHER (City) Azores
(State or country)21 Informant (Address) Isabelle Almeida
309 Lexington St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/30/59
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

8/29/18

12/23/18

Private

4th Co 1st Rec BN- 151st Depot Brigade

4189633

THIS IS A
ENT RECORD.
e only
APPROVED
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iter ribbon.

CTIONS
OR
CERTIFICATE

giving
OF DEATH

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han one
for each
b) and (c)

es not mean
of dying,
heart failure,
c. It means
or compli-
which caused

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ue rise to
ause (a),
he under-
use last.

ns contrib-
ath but not
the terminal
dition given

chapter 137,
4, requires
to print or
cause or
death on
ificates.

. 46, §§ 9 &

. 114 §§ 45,

P. 38 § 6.)

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

69 Bellevue Ave.

No.

2 FULL NAME Mary E. Gilgan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Bellevue Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 31, 1959

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 23, 1959, to July 31, 1959

I last saw her alive on 7/31, 1959, death is said to have occurred on the date stated above, at 2.20 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

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? 0

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? 0

(Signed) Fred O'Regan, M. D.

(Address) 113 Pleasant St. Date 7/31, 1959

6 Holyhood Brookline Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 3, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed AUG 3 1959

(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. 120

(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 or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John A. Gilgan

(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: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston (State or country) Mass

17 NAME OF FATHER James P. Saunders

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

19 MAIDEN NAME OF MOTHER Margaret Dalton

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

21 Informant (Address) Dorothy Gilgan 69 Bellevue Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/31/59

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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AUG - 31 1953 AM

C-3 081 984 U-16614

M R-301A

-THIS IS A
NENT RECORD
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APPROVED

ink or black
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FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying.
heart failure,
etc. It means
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gave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
ificates.

AP. 46, 99 9 &

AP. 114 445,

AP. 3856.)

25 1959

0-50-923886

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

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

2788

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

No. Veterans Administration Hospital

2 FULL NAME John S. REARDON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 28 Cummings Avenue
(Usual place of abode)

xxx S. Weymouth, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 7 days. In place of residence Life years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 19, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 12, 19 59, to March 19, 19 59death is said to
have occurred on the date stated above, at 9:40a m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Chronic glomerulonephritis (years)
with uremia (weeks-months).

Due To Hypertensive heart disease.

(b) years

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? YES

What test confirmed diagnosis? Autopsy & clinical findings

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Melvin H. Farnelant M. D.

(Address) VAH, BOSTON, MASS. Date Mar. 19 19 59

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 23 1959

7 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED MARRIED10a If married, widowed, or divorced
HUSBAND of Rita Walters
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years 0 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Oil Burner Serviceman
(Kind of work done during most of working life)

14 Industry or Business: 15 Social Security No. 021 10 3550

16 BIRTHPLACE (City) Newton
(State or country) Mass.

17 NAME OF FATHER EDMUND REARDON

18 BIRTHPLACE OF FATHER (City) BROOKLYN
(State or country) NEW YORK

19 MAIDEN NAME OF MOTHER CATHERINE (O'CONNELL)

20 BIRTHPLACE OF MOTHER (City) BURLINGAME
(State or country) N.Y.21 Informant V.A. Hospital Records, 150
(Address) S. Huntington Ave., 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)

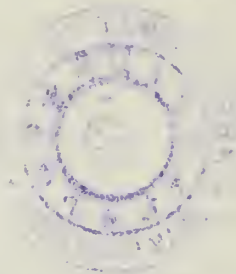
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mack

Clerk

RECEIVED

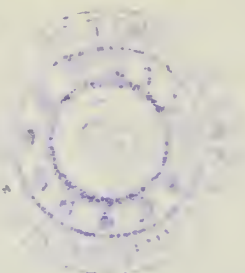


AUG 25 1859

A TRUE COPY ATTACHED

Charles H. Knight

RECEIVED



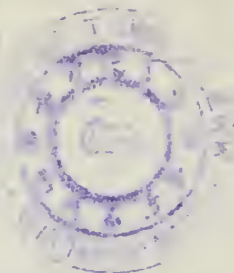
AUG 25 1959 AM

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



AUG 25 1959 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
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 03119

En route to E. Boston Relief Station (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Mc Sweeney (If deceased 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. 110 Summit Ave Winthrop Mass
(Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 26, 1959
(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.)

RUPTURE OF RIGHT
AURICLE WITH
HEMOPERICARDIUM

5 Accident, suicide, or homicide (specify) Homicide

Date and hour of injury 3/26 1959

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?
(Specify type of place)

Manner of injury Compressing blunt
(How did injury occur)

Nature of injury force injury of chest

While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, by

(Signed) Michael J. Phongs M. D.

(Address) Boston Date 3/27 1959

7 Place of burial, or cremation, Winthrop (City or town)

DATE OF BURIAL March 30, 1959

8 NAME OF FUNERAL DIRECTOR Maurice W Kirby
210 Winthrop St. Winthrop
ADDRESS

Received and filed

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here

13 AGE 19 Years, Months, Days If under 24 hours
Hours Minutes

14 Usual Occupation: U.S. Coastguard
(Kind of work done during most of working life)

15 Industry or Business

16 Social Security No. Winthrop

17 BIRTHPLACE (City)
(State or country)

18 NAME OF FATHER Edward F McSweeney

19 BIRTHPLACE OF FATHER (City)
(State or country) Boston

20 MAIDEN NAME OF MOTHER Dorothy Harrington

21 BIRTHPLACE OF MOTHER (City)
(State or country) Boston

22 Edward F McSweeney
Informant (Address) 110 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)

(Official Designation)

(Date of Issue of Permit)

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-R-57-920750

25 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



AUG 25 1959 AM

THIS IS A
NENT RECORD.

Use only
ink or black
writer ribbon.

STRUCTIONS
FOR
AL CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
air, or compli-
which caused

ions, if any,
gave rise to
cause last
ine under-
cause last

ions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

HAP. 46:119 &
HAP. 114:55 & 45,
HAP. 38:6.)

25 1959

SUFFOLK

(County)

BOSTON, MASS.

(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.

03208

No. The Massachusetts General Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Philip Hilton

(If deceased is married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 10 Orlando Ave. Winthrop St. 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 March 29, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 19, 1959, to March 29, 1959I last saw him alive on March 29, 1959, death is said to
have occurred on the date stated above, at 5:50 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GASTROINTESTINAL
HEMORRHAGEINTERVAL
BETWEEN
ONSET AND
DEATH

12 HRS.

Due To (b) DUODENAL ULCER

HOS.?

Due To (c) LEUKEMIA

10 MOS.

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) C. L. Clay, M. D.

(Address) Asst. Dir. Mass. Gen. Hosp. Date March 27, 1959

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 1, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed April 2, 1959

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, with HUSBAND of Esther Lillian Hitch

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 4 Months 27 Days

If under 24 hours
Hours Minutes

13 Usual

Occupation: Painter

(Kind of work done during most of working life)

14 Industry

or Business: Interior Decorating

15 Social Security No. 011-16-1536

16 BIRTHPLACE (City)

Wells Maine

17 NAME OF

FATHER George Hilton

18 BIRTHPLACE OF

FATHER (City) Wells, Maine

(State or country)

19 MAIDEN NAME

OF MOTHER Nellie Eaton

20 BIRTHPLACE OF

MOTHER (City) Maine

(State or country)

21

Esther Lillian Hilton

Informant

(Address) 10 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:

(Signature of Agent, Board of Health or other)

2134 (Official Designation)

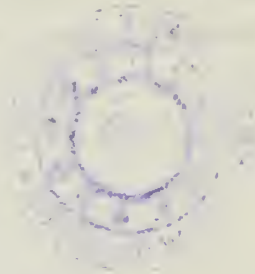
3-31-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles E. Mackie

City Registrar

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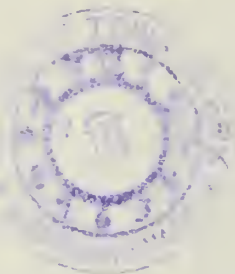
AUG 25 1953 PM

A TRUE COPY ATTEST:

Charles A. Mackie

City Registrar

RECEIVED



AUG 26 1959 PM

PLACE OF DEATH

1

Suffolk
County
Boston
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

3797

2 FULL NAME

Ruth Rosenberg
(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
or a member of the WAR)

no

(a) Residence, No.

36 Hawthorne Ave. 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

April 14 1959
(Month) (Day) (Year)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Female

10 COLOR OR RACE

White

11 MARRIAGE STATUS (write the word)

MARRIED Widowed
(If divorced or remarried)4 I HEREBY CERTIFY that I have investigated the death
of the person above named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)HYPERTENSIVE CARDIO-VASCULAR
DISEASE11a. If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Myer Rosenberg
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE

56

Years — Months — Days

If under 24 hours

Hours — Minutes

14 Usual Occupation

Saleslady
(Kind of work done during most of working life)

15 Industry or Business

Retail clothing

16 Social Security No.

010-30-9410

17 BIRTHPLACE (City)

Boston Mass

18 NAME OF FATHER

Harry Byrne

19 BIRTHPLACE OF FATHER (City)

Russia

20 MAIDEN NAME OF MOTHER

Celia Stern

21 BIRTHPLACE OF MOTHER (City)

Russia

22 Informant

Arnold Kaplan
(Address) 56 Hawthorne 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

2405
(Official Designation)4/15/59
(Date of Issue of Permit)

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19

Where did injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in

public place?

(Specify type of place)

Manner of injury

Nature of injury

(How did injury occur?)

While at work?.....Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael Thompson, M. D.

(Address) Boston Date 4/14/59

7 Rabbi Eliezer

Place of Burial, or Cremation

DATE OF BURIAL

April 16 1959

8 NAME OF FUNERAL DIRECTOR

Doyle Funeral Service Inc
157 Washington Ave Chelsea

Received and filed

Charles H. Inactive
(Registrar)

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-R-57 (2/57)

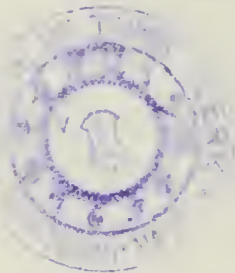
26 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

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AUG 26 1953 PM

B.-THIS IS A
ANENT RECORD.
Use only

TE APPROVED

ink or black
writer ribbon.

INSTRUCTIONS
FOR
AL CERTIFICATE

In giving
E OF DEATH

do not enter
re than one
use for each
(a), (b) and (c)

is does not mean
ode of dying.
Heart failure,
a, etc. It means
eate, or compli-
which caused

itions, if any,
gave rise to
cause (a).
g the under-
cause last.

ditions contrib-
to death but not
to the terminal
condition given

Chapter 137,
of 1954, requires
cians to print or
the cause or
of death on
certificates.

CHAP. 46, § 19 &

CHAP. 114, § 45,

CHAP. 38 § 6.)

G 26 1959

The Commonwealth of Massachusetts

OUT - OF - TOWN



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. 3888

SUFFOLK
(County)

BOSTON
(City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME GEORGE ROWE
(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. 46 MADISON AVE.,
(Usual place of abode)

St. WINTHROP, MASS.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 17, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from
April 17, 1959 to April 17, 1959

I last saw him alive on April 17, 1959, death is said to
have occurred on the date stated above, at 9:14 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial
Infarction

8 hrs

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

(Signed)

C. L. CLAY MD

(Address) ASST. DIR. MASS. GEN. H. Date Apr. 18 1959

6 Place of Burial or Cremation Winthrop Winthrop
(City or Town)

DATE OF BURIAL April 21, 1959

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS 210 Winthrop St. Winthrop

Received and filed APR - 1959

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 Louie M. Marion
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Painter
(Kind of work done during most of working life)

14 Industry or Business: Self

15 Social Security No. Unknown

16 BIRTHPLACE (City) Springfield
(State or country) Scotia

17 NAME OF FATHER Eli Rowe

18 BIRTHPLACE OF FATHER (City) Newfoundland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Ann Crawford

20 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country)

21 Informant Lillian Ellis
(Address) 46 Madison 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)

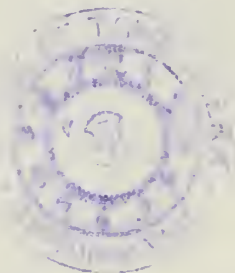
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles R. Mackie

City Registrar

RECEIVED



AUG 26 10 59 PM

RM B 301A

PLACE OF DEATH

SUFFOLK

(County)

ROXBURY

(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. 14006

No. JEWISH MEMORIAL HOSPITAL

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME ABRAHAM NATHANSON

(If deceased 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 TRIDENT STREET, WINTHROP St.
(Usual place of abode)

Length of stay: In place of death years months 13 days. In place of residence 30 years months days.
(If nonresident, give city or town and State)

INSTRUCTIONS
FOR
AL CERTIFICATE

In giving
E OF DEATH

not enter
than one
se for each
, (b) and (c)

does not mean
of dying,
heart failure,
etc. It means
air, or compli-
which caused

ion, 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
e cause or
of death on
ificates.

26 1959

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 20 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from
APRIL 8, 1959, to APRIL 20, 1959
I last saw him alive on APRIL 20, 1959. death is said to
have occurred on the date stated above, at 12:20 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

6 MONTHS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CHRONIC PYELONEPHRITIS WITH
UR EMIA

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS HYPERTENSIVE ARTERIOSCLEROTIC
HEART DISEASE YEARS

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) Pinella R. Lantia, M.D. M. D.

(Address) JEWISH MEMORIAL HOSPITAL, ROXBURY Date APRIL 20 1959

6 Chevra Inilim of Boston Everett

Place of Burial or Cremation April (City or Town) 1959

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St., Dorchester

Received and filed APR 23 1959

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 (Give maiden name of wife in full)
(or) WIFE of Yetta - Cannot be learned
(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: Paper & Twine
(Kind of work done during most of working life)

14 Industry or Business: Stone & Foreyth

15 Social Security No. C 772

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Louis Nathanson

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant (Address) Jacob Nathanson
80 Strathmore Rd., Brighton

I HEREBY CERTIFY that the foregoing is a true and correct certificate of death
was filed with me by J. M. MEADS it permit was issued:

(Signature of Agent of Board of Health or other)

2479 APR 21 1959
(Official Designation) BOSTON HEALTH DEPT.

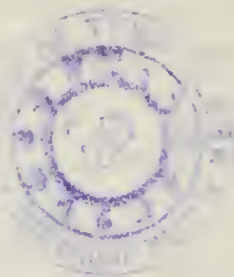
BOM-11-56-918978

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



AUG 26 1959 PM

B.-THIS IS A
ANENT RECORD.
Use only

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ink c. black
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STRUCTIONS
FOR
AL CERTIFICATE

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Chapter 137,
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of death on
certificates.

AP. 46, 199 &
AP. 114 1945.
AP. 3856.)

26 1959

Dec 6/10/51

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. 4071

PLACE OF DEATH

SUFFOLK
(County)

BOSTON
(City or Town)



No. MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME JOSEPH TAVAS (TAMASIUNAS) TAMOSIUNIS
(If deceased 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. 124 READ STREET
(Usual place of abode)

St. WINTHROP, MASS.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 yrs. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 22 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That deceased died on April 20, 1959 to April 22, 1959
I last saw him alive on April 22, 1959. death is said to
have occurred on the date stated above, at 4:10A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Septicaemia

INTERVAL
BETWEEN
ONSET AND
DEATH
3 dys

Due To (b) Acute general peritonitis

3 dys

Due To (c) Post-necrotic cirrhosis of
the liver

2 1/2 yrs

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) C. L. CLAY M.D.
(Address) ASST. DIR. MASS. GEN. HOSP. Date 4/22/ 1959

6 Mt. Hope Cemetery Lewiston, Me.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 25, 1959

7 NAME OF FUNERAL DIRECTOR Fahey & Conly
ADDRESS Lewiston, Maine

Received and filed APR 24 1959

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 Cannot be learned
Mary Stelmokus (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 0 Months 18 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Textile Worker
(Kind of work done during most of working life)

14 Industry or Business: Textiles

15 Social Security No.

16 BIRTHPLACE (City) Lithuanie
(State or country)

17 NAME OF FATHER Joseph Tamosiunis
Cannot be learned

18 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country) Lithuanie

19 MAIDEN NAME OF MOTHER Maggie Tinasieue
Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country) Lithuanie

21 Informant Only & Fahey
(Address) Lewiston, Maine

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)

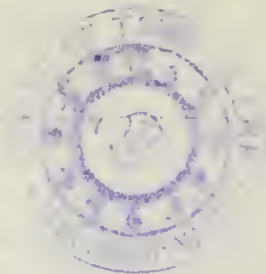
Charles H. Imack

X

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

RECEIVED



AUG 26 1900 PM

THIS IS A
CERT RECORD.
only

APPROVED

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FOR
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OF DEATH

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Chapter 137,
54, requires
to print or
cause or
death on
dates.

P. 46, § 19 &

P. 114 § 45,

P. 38 § 6.)

6 1959

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.

4467

No. MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME. Angelo Caldarella CALDARELLA

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO

(a) Residence. No. 23 Woodside Ave.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 27 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 3 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from April 29, 1959, to May 3, 1959

1. Last saw him alive on May 3, 1959, death is said to
have occurred on the date stated above, at 7:50 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PNEUMONIA, RIGHT LOWER LOBE, LOBULAR

INTERVAL BETWEEN ONSET AND DEATH

4 DAYS

(b) BRAIN STEM INFARCTION

5 DAYS

(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)

C. L. Clay, MD, M. D.

(Address) Asst. Dir. Mass. Gen'l Date 5/3 1959

6 WINTHROP WINTHROP

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL MAY 6, 1959

7 NAME OF FUNERAL DIRECTOR DIPIETROVAZZA

ADDRESS 11 HENRY ST. EAST BOSTON

Received and filed MAY - 6 1959

Charles H. Drake

(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 ROSINA VENTIMIGLIA (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation LABORER (RETIRED) (Kind of work done during most of working life)

14 Industry or Business ROAD CONSTRUCTION

15 Social Security No. 011-12-9195

16 BIRTHPLACE (City) (State or country) ITALY

17 NAME OF FATHER ANGELO CALDARELLA

18 BIRTHPLACE OF FATHER (City) (State or country) ITALY

19 MAIDEN NAME OF MOTHER CARMELA LOVETERE

20 BIRTHPLACE OF MOTHER (City) (State or country) ITALY

21 Informant CARMELA LAMONICA

(Address) 23 WOODSIDE 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)

2687 (Official Designation)

5-5-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

AUG 26 1959 PM

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THIS IS A
CERT RECORD.
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death on
dates.

46, 119 &

114 & 45,

P. 383(6)

26 1959

58-923806

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.

4466

No. MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Hendricks, John W
(If deceased 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. 28 River Rd. Winthrop St. MASS
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 1 days. In place of residence 35 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 3 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MAY 3, 1959, to MAY 3, 1959
I last saw him alive on MAY 3, 1959, death is said to
have occurred on the date stated above, at 1:13 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Mesenteric emboli &
infarction of bowel, extensive hoursDue To Rheumatic heart
(b) disease - mural thrombus yrsDue To
(c)OTHER SIGNIFICANT CONDITIONS Cerebrovascular
accidents multiple, dd yrsWas autopsy performed? yesWhat 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.
C. L. Clay, MD
(Address) Sst. Dir. Mass. Gen. Hosp. 5-4 19596 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL May 6th 19 597 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. BostonReceived and filed
Charles H. MAY 6 1959 19

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 Victoria LaVoie
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

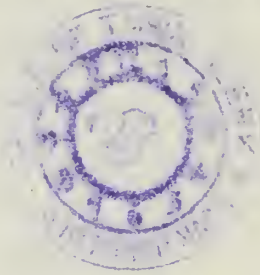
11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 8 Months 4 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Power foreman
(Kind of work done during most of working life)14 Industry or Business N.E. Telephone Co.15 Social Security No. 011-07-927816 BIRTHPLACE (City) East Boston
(State or country) Mass.17 NAME OF FATHER Sabino Hendricks18 BIRTHPLACE OF FATHER (City) Madieros Islands
(State or country) Portugal19 MAIDEN NAME OF MOTHER Maryann DeMattos20 BIRTHPLACE OF MOTHER (City) Madieros Islands
(State or country) Portugal21 Informant Mrs. Victoria Hendricks-wife
(Address) 28 River Rd., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Charles H. May
(Signature of Agent of Board of Health or other)2686
(Official Designation)5-5-59
(Date of Issue of Permit)

TRUE COPY ATTACHED

Charles H. Mack

City Registrar



AUG 26 1859 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
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

OUT - OF - TOWN
To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

4637

No. Army Base Infirmary, So. Boston St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME DANIEL G. SEARS
(If deceased 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. 52 Pable Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 8 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

CORONARY THROMBOSIS

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) *Michael J. Thorne* M. D.

(Address) Boston, Mass Date 5/8 1959

7 Winthrop Winthrop
(City or town) (City or town)

DATE OF BURIAL May 11 1959

8 NAME OF FUNERAL DIRECTOR Frederick J. McGrath

ADDRESS East Boston

Received and filed 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, give name of
HUSBAND of Helen Fuller
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 53 Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation stevedore
(Kind of work done during most of working life)

15 Industry or Business I. L. A.

16 Social Security No. 029-03-3761

17 BIRTHPLACE (City) East Boston, Mass.
(State or country)

18 NAME OF FATHER William E. Sears

19 BIRTHPLACE OF FATHER (City) St. John's
(State or country) New Brunswick

20 MAIDEN NAME OF MOTHER Mary A. Murphy

21 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

22 Informant Helen Sears
(Address) 52 Pebble Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Eugene E. Corall 1959
(Signature of Agent of Board of Health or other)

(Official Designation)

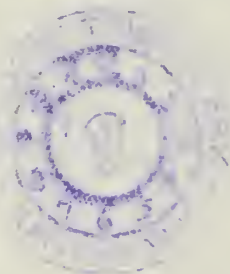
(Date of Issue of Permit)

26 1959

A TRUE COPY ATTEST:

Charles H. Mackie

RECEIVED City Registrar



AUG 26 1899 PM

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-INSTRUCTIONS
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-Chapter 137,
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-to print or
-cause or
-death on
-ificates.

P. 46, 119 &

P. 114 & 45,

AP 3836.)

G 26 1959

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

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 4713

No. Beth Israel Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Garfield, Sophie } 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) No

(a) Residence. No. 29 Shore Drive St. Waltham Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months 18 days. In place of residence 3 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May " 11 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
April 23, 1959 to May 11, 1959
I last saw her alive on May 11, 1959 death is said to
have occurred on the date stated above, at 3:25 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

INTERVAL
BETWEEN
ONSET AND
DEATH

8 days

Due To Hypertensive at least
(b) Cerebrovascular Disease 3 yrs

Due To _____
(c) _____

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Spinal Canal Puncture

5 Was disease of injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Robert H. Resnick M. D.
(Address) Beth Israel Hospital 5/11/59

Anshe Sfard of Lynn Cem.-Danvers
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 12, 1959

7 NAME OF FUNERAL DIRECTOR Torf Funeral Service, Inc.
ADDRESS 1615 Beacon St. Brookline

Received and Read May 13 1959
Charles H. Inactive (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 Joseph Garfield
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years _____ Months _____ Days
If under 24 hours
Hours _____ Minutes _____

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Isaac Segal

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Gertrude Gisse Solomon

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant John N. Garfield
(Address) 11 Clements Rd. Newton

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

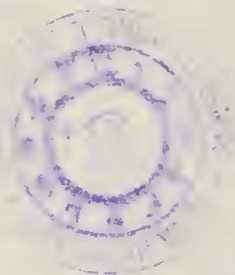
(Signature of Agent of Board of Health or other)

Official Designation 2797 (Date of Issue of Permit) 5-12-59

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

RECEIVED



AUG 26 1903 PM

THIS IS A
DEATH RECORD.
Only

APPROVED

ink or black
ink ribbon.

INSTRUCTIONS
FOR
CERTIFICATE

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OF DEATH

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for each
(b) and (c)

ers not mean
of dying.
Heart failure,
etc. It means
, or compli-
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Chapter 137,
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death on
ificates.

P. 46, 119 &
P. 114 & 145,
P. 3816.)

26 1959

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.

4717

No. ST. ELIZABETH'S HOSPITAL

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME (MR.) FREDERICK W. ROE

(If deceased 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.

71 BIRCH RD

(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 1/2 days In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 11, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

MAY 11, 1959, to MAY 11, 1959

I last saw him alive on MAY 11, 1959, 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) INTRACEREBRAL
HEMORRHAGE

Due To (b) ESSENTIAL HYPERTENSION

Due To (c)

OTHER SIGNIFICANT CONDITIONS RHEUMATOID ARTHRITIS

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) Robert H. Oishi, M. D.

(Address) St. Eliz. Hosp. Date 5/11 1959

6 WINTHROP MASS, WINTHROP

Place of burial or cremation (City or Town)

DATE OF BURIAL 5/13/59

7 NAME OF FUNERAL DIRECTOR

ADDRESS 210 WINTHROP ST. WINTHROP

Received and filed Charles H. Mackie

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MALE WHITE

MARRIED
WIDOWED
or DIVORCED

SINGLE

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 34 Years Months Days

If under 24 hours
Hours Minutes

13 Usual Occupation: BROOKER

(Kind of work done during most of working life)

14 Industry or Business: INSURANCE

15 Social Security No. NOT KNOWN

16 BIRTHPLACE (City) WINTHROP
(State or country) MASS

17 NAME OF FATHER LOUIS A ROE

18 BIRTHPLACE OF FATHER (City) BOSTON

(State or country) MASS

19 MAIDEN NAME OF MOTHER FLORANCE M. SCHIVKREE

20 BIRTHPLACE OF MOTHER (City) GLOUCESTER

(State or country) MASS

21 Informant LOUIS A ROE

(Address) 71 BIRCH RD WINTHROP

I HEREBY CERTIFY that 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)

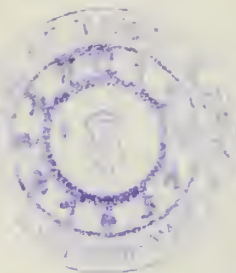
(Date of Issue of Permit)

IN TRUE COPY ATTEST.

Charles M. McKie

City Registrar

RECEIVED



AUG 26 1953 PM

INSTRUCTIONS
FOR
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OF DEATHnot enter
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b) and (c)does not mean
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Heart failure,
etc. It means
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which causedis, if any,
due rise to
cause (a),
the under-
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ificates.ned by
al
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6 1959

DOM-11-96-918978

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

BAKER
MASSACHUSETTS GENERAL HOSPITAL

MEMORIAL

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.

4791

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Otis E. Lapham

(If deceased 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. 47 Washington Ave.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 12 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That attended deceased from
May 12, 1959, to May 12, 1959

I last saw him live on May 12, 1959 death is said to

have occurred on the date stated above, at 7:30p m.

INTERVAL
BETWEEN
ONSET AND
DEATH

5 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Rupture of abdominal
aortic aneurysmDue 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)

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 5-13-59

6 South Dartmouth South Dartmouth
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 16, 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St. E. Boston

Received and filed MAY 15 1959

Charles H. Mackin (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

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 3 Months 26 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Broker

(Kind of work done during most of working life)

14 Industry

or Business:

Grain and Feed

15 Social Security No.

017-26-1632

16 BIRTHPLACE (City)

South Dartmouth

(State or country)

Mass.

17 NAME OF

FATHER

John F. Lapham

PARENTS

18 BIRTHPLACE OF

FATHER (City)

South Dartmouth

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Annie Sherman

20 BIRTHPLACE OF

MOTHER (City)

New Bedford

(State or country)

Mass.

21

Informant

(Address)

Mrs. Florence Peabody

115 Bowdoin St. Dorchester

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)

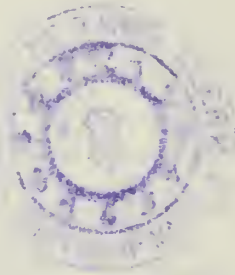
(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

RECEIVED



AUG 26 1873 PM

FORM R-301A
N.B.—THIS IS A
PERMANENT RECORD.
Use only
black ink or black
rewriter ribbon.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

Do not enter
more than one
use for each
(a), (b) and (c)

is does not mean
mode of dying,
as heart failure,
etc. It means
cause, or compli-
which caused

itions, if any,
gave rise to
cause (a).
the under-
cause last.

ditions contrib-
to death but not
to the terminal
condition given

Chapter 137,
of 1954, require
lana to print or
the cause or
of death on
certificates.

HAP. 46, §§ 9 &
HAP. 114 §§ 45,
CHAP. 38 § 6.)

27 1959
10-58-923886

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.

5201

No. MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME BARBARA CARROLL

(If deceased, if a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
Veteran, or
War)

(a) Residence. No. BARNES AVENUE

(Usual place of abode)

St. BOSTON, MASS.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 25 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That we attended deceased from
May 24, 1959 to May 25, 1959
We last saw her alive on May 25, 1959, death is said to

have occurred on the date stated above, at 10:42 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

48 hours

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Meningitis, Acute, purulent
Hemophilus influenzae

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) C. L. Clay, M.D., M. D.
(Address) Asst. Dir. Mass. Gen'l Date 5/26/1959

6 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 27, 1959

7 NAME OF FUNERAL DIRECTOR Theodore W. Kirby
ADDRESS 210 Winthrop St. Winthrop

Received and filed
Charles A. Inactive
(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 Years Months Days 12 If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER John Carroll

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Barbara Ann Heath

20 BIRTHPLACE OF MOTHER Boston
(State or country) Mass.

21 Informant (Address) Robert Carroll
Summit Ave. Cambridge

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)

3008 5-26-59

(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles G. Frank

City Hall

RECEIVED

AUG 27 1889

-THIS IS A
NENT RECORD.
se only

E APPROVED

ink or black

writer ribbon.

STRUCTIONS

FOR

L CERTIFICATE

a giving

OF DEATH

not enter

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e for each

(b) and (c)

does not mean
de. of dying.
heart failure,
etc. It means
sire, 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
ne cause or
of death on
certificates.

AP. 46, § 9 &

AP. 114 § 45,

AP. 38 § 6.)

27 1959
10-50 423886

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. 5525

Registered No. 5525-22?

No. BAKER MEMORIAL, MASSACHUSETTS GENERAL HOSPITAL (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Charles Andrews
(If deceased 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. 107 Bowdoin
(Usual place of abode)

St. Winthrop, Massachusetts
(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 3 days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH <u>June 3, 1959</u> (Month) (Day) (Year)	8 SEX <u>MALE</u>	9 COLOR <u>WHITE</u>	10 SINGLE (write the word) <u>MARRIED</u> WIDOWED or DIVORCED <u>SINGLE</u>
WE HEREBY CERTIFY, That <u>attended deceased from June 2, 1959, to June 3, 1959</u>		10a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)	
We last saw him alive on <u>June 3, 1959</u> , death is said to have occurred on the date stated above, at <u>9:50 PM</u>		(or) WIFE of _____ (Husband's name in full)	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> <u>28 weeks gestation</u>		11 IF STILLBORN, enter that fact here.	
Interval BETWEEN ONSET AND DEATH <u>2 days</u>		12 AGE Years Months <u>3</u> Days If under 24 hours Hours Minutes	
Due To (b) _____	13 Usual Occupation: _____ (Kind of work done during most of working life)		
Due To (c) _____	14 Industry or Business: _____		
OTHER SIGNIFICANT CONDITIONS _____	15 Social Security No. _____		
Was autopsy performed? <u>No</u>	16 BIRTHPLACE (City) <u>WINTHROP MASS</u> (State or country)		
What test confirmed diagnosis? <u>Clinical</u>	17 NAME OF FATHER <u>CHARLES D ANDREWS</u>		
5 Was disease or injury in any way related to occupation of deceased? If so, specify _____	18 BIRTHPLACE OF FATHER (City) <u>NATICK MASS</u> (State or country)		
(Signed) <u>C. L. Clay</u> , M. D. (Address) <u>Asst. Dir. Mass. Gen. Hosp.</u> Date <u>6-4-1959</u>	19 MAIDEN NAME OF MOTHER <u>ALICE P. KILLICK</u>		
6 <u>WINTHROP</u> <u>WINTHROP</u> Place of Burial or Cremation (City or Town)	20 BIRTHPLACE OF MOTHER (City) <u>BOSTON MASS</u> (State or country)		
DATE OF BURIAL <u>JUNE 5</u> 1959	21 Informant (Address) <u>CHARLES ANDREWS</u> <u>44 PLEASANT STREET</u>		
7 NAME OF FUNERAL DIRECTOR <u>Wm. H. Ruby</u> ADDRESS <u>Wintthrop</u>	I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Norma Mac Donald</u> (Signature of Agent of Board of Health or other)		
Received and filed <u>Charles H. MacKie</u> JUN - 9 1959 (Registrar)	(Official Designation) <u>3/27</u> (Date of Issue of Permit) <u>6-8-59</u>		

X

A TRUE COPY ATTEST:

Charles H. Mack

City Registrar

RECEIVED

AUG 27 1930 AM

PLACE OF DEATH

SUFFOLK

(County)

DORCHESTER

(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 128

To be filed for burial permit
with Board of Health
or its Agent. 5864

Registered No. 5000

NEPONSET VIEW HOSPITAL

No.

GEORGIA MERRILL

(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.)

40 TEMPLE AVE WINTHROP

(a) Residence. No.

(Usual place of abode)

3

6

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 25 years months days.

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
or compli-
which caused

ons, if any,
have rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
to print or
e cause or
of death on
ificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 12 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from 3-6 1959 6-12 1959

I last saw him alive on 6-12 1959, death is said to

have occurred on the date stated above, at 12.55 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Cardiac Decompensation

Due To General Arteriosclerosis

(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 no

(Signed) Louis Berger M.D.

(Address) 5174 Washington St. Date 6/12/59

6 Pine Doxhatch, Auburn, Maine

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 15 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass.

Received and filed JUN 22 1959

Charles H. Mackie (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 (If husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 17 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: At home

15 Social Security No. None

16 BIRTHPLACE (City) Auburn (State or country) Maine

17 NAME OF FATHER Augustus Merrill

18 BIRTHPLACE OF FATHER (City) Auburn (State or country) Maine

19 MAIDEN NAME OF MOTHER Julia C.N.D.I.

20 BIRTHPLACE OF MOTHER (City) Auburn (State or country) Maine

21 Informant Guy Edwards (Address) Arlington Mass.

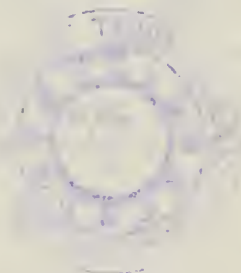
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Signature of Agent of Board of Health or other
Official Designation
(Date of Issue of Permit)

60M-1-58-92187C

A TRUE COPY ATTEST:

Charles H. Macki
City Registrar

RECEIVED



AUG 27 1939

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

Chelsea Memorial Hospital

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or Town making this return)

Registered No.

337 135

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sadie Barkham

(If deceased is a married, widowed or divorced woman, give also maiden name.)

303 River Rd.

(a) Residence. No.

(Usual place of abode)

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 July 18, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from July 13, 1959 to July 18, 1959

I last saw her alive on July 18, 1959, death is said to

have occurred on the date stated above, at 8:55A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Antero-septal and posterior

Due To myocardial infarction

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSArteriosclerotic
heart disease

1 yr.

Was autopsy performed? Electrocardiograms
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Pepi

(Address) 821 Saratoga St., Boston

Walnut Grove Cem., Methuen, Mass.

6 Place of Burial or Cremation July 21, 1959

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed. AUG 17 1959 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 George A. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 4 Months 25 Days If under 24 hours Hours Minutes

Usual Occupation: Entertainer (Kind of work done during most of working life)

14 Industry or Business: Show Business

15 Social Security No. 126-07-2263

16 BIRTHPLACE (City) Philadelphia, Pa. (State or country)

17 NAME OF FATHER Francis A. Mills

18 BIRTHPLACE OF FATHER Philadelphia, Pa. (City)

(State or country)

19 MAIDEN NAME OF MOTHER Mary Hamilton

20 BIRTHPLACE OF MOTHER Philadelphia, Pa. (City)

(State or country)

21 Informant James B. Tiffin 60 State St., Boston, Mass. (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 20, 1959 19

RECEIVED



AUG 17 1939 AM

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

STATE OF NEW HAMPSHIRE

TOWN OR CITY
CLERK'S NO. 140

1. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ELIZABETH B. (MIDDLE) TERESA C. (LAST) FITZGERALD			2. DATE OF DEATH (MONTH) (DAY) (YEAR) July 31, 1959			
3. PLACE OF DEATH A. COUNTY Merrimack			4. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Massachusetts B. COUNTY Suffolk			
5. CITY OR TOWN New London		6. LENGTH OF STAY (IN THIS PLACE) 52 hrs.		7. CITY (GIVE ACTUAL TOWN OF RESIDENCE, NOT MAILING ADDRESS) OR TOWN Winthrop		
8. FULL NAME OF HOSPITAL OR INSTITUTION New London Hospital			9. STREET (IF RURAL, GIVE LOCATION) ADDRESS 21 Court Road		10. IS RESIDENCE ON FARM? YES ☐ NO ☒	
11. SEX Female	12. COLOR OR RACE White	13. MARRIED ☐ DIVORCED ☐ NEVER MARRIED ☐ WIDOWED ☒		14. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE) 1925 Michael J. Fitzgerald - Deceased		
15. DATE OF BIRTH ---		16. AGE (IN YEARS LAST BIRTHDAY) 78		17. 11A. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 11B. KIND OF BUSINESS OR INDUSTRY Housewife - At Home		
18. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) Boston, Mass.			19. CITIZEN OF WHAT COUNTRY? USA		20. FATHER'S NAME Patrick Tegan	
21. MOTHER'S MAIDEN NAME ---			22. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) no		23. SOC. SEC. NO. ---	
24. INFORMANT Thomas Fitzgerald			25. ADDRESS 81 Bancroft Rd., Melrose, Mass.			
MEDICAL CERTIFICATION 26. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Infarction of Bowel with Gangrene CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. } DUE TO (B) Mesenteric Thrombosis DUE TO (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A) Arteriosclerotic Heart Disease with Auricular Flutter					27. INTERVAL BETWEEN ONSET AND DEATH 2 Days 2 Days	
					28. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
					29. 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 MONTH DAY YEAR HOUR M.	
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 COUNTY STATE		
22. I attended the deceased from July 29, '59, to July 31, '59, and last saw her alive on July 31, '59. Death occurred at 8 PM m on the date stated above; and to the best of my knowledge, from the causes stated.						
23A. SIGNATURE John H. Ohler MD		23B. ADDRESS New London, N. H.		23C. DATE SIGNED 7-31-59		

24A. BURIAL ☒ CREMATION ☐		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
		8-3-59		Holy Cross Cemetery		Malden, Massachusetts	
24E. PLACE OF BURIAL				LOCATION (CITY, TOWN, COUNTY) (STATE)			
IF ENTOMBED				DATE			
ENTOMBMENT ☐ REMOVAL ☐							
25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS			
Walton W. Chadwick, New London, N. H.				COUNTERSIGNED-AGENT (CITY BO. OF HEALTH) DATE			
DATE REC'D BY TOWN OR CITY CLERK				CLERK'S OWN SIGNATURE			
Aug. 1, 1959				William F. Kidder			
				CLERK OF			
				New London			

True copy, attested, Clerk of New London Aug. 10 1959

17 1959

R-301A

CTIONS
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CERTIFICATEiving
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to print or
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50M-1-58-921876

PLACE OF DEATH

Suffolk

(County)

Winthrop Mass

(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. 141

No. ~~Winthrop Community Hospital~~(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Eugene Dasch

(If deceased 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. 44 Cottage Park Rd

(Usual place of abode)

St. Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death 5 minutes
years months days. In place of residence 29 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 2 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
FEB 1950 to AUG 2 1959I last saw him alive on AUG 2 1959, death is said to
have occurred on the date stated above, at 11:15 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH
2 DAYS
1 YR
5 YRS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) RUPTURED AORTIC ANEURYSM

AORTIC ANEURYSM

Due To (b) ARTERIO-SCLEROTIC HEART

DISEASE

Due To (c) WITH ANGINA PECTORIS

OTHER SIGNIFICANT CONDITIONS RHEUMATOID ARTHRITIS 5 YRS

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 N. King, M. D.

(Address) 222 PLEASANT ST. WINTHROP Date 8/2 1959

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 5, 1959

7 NAME OF FUNERAL DIRECTOR Cephus B. Ward

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 4 1959

(Registrar)

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 Yvonne Lanou
(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 2 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation: salesman
(Kind of work done during most of working life)

14 Industry or Business: retail advertising

15 Social Security No 010-10-9136

16 BIRTHPLACE (City) Wilks-Barre (State or country) Pennsylvania

17 NAME OF FATHER Charles Dasch

18 BIRTHPLACE OF FATHER (City) Pennsylvania
(State or country)

19 MAIDEN NAME OF MOTHER Eugenia Voigt

20 BIRTHPLACE OF MOTHER (City) New York City
(State or country) New York21 Informant Mrs. Yvonne L. Dasch
(Address) 44 Cottage Park Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 8/4/59
(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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—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 24 1918

DATE OF DISCHARGE June 30 1919

RANK, RATING sergeant

ORGANIZATION AND OUTFIT Headquarters Division Salvage Company

SERVICE NUMBER 3641833

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. 142

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Ida M. Foulkes
(If deceased 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 Atlantic St
(Usual place of abode)St. Winthrop Mass
(If nonresident, give city or town and State)Length of stay: In place of death 2 years 2 months 2 days. In place of residence 40 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 3 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April, 1957, to AUG 3, 1959
I last saw her alive on AUG 2, 1959, death is said tohave occurred on the date stated above, at 12:20 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH
3 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) SMALL BOWEL OBSTRUCTIONDue To (b) PROGRESSIVE BULBAR
PALS Y + MUSCULAR DYSTROPHY 2 1/2 YRS

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS ARTERIO-SCLEROTIC +
HYPERTENSIVE HEART DIS 3 YRSWas autopsy performed? NoWhat test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) Myron D. King, M. D.(Address) 222 PLEASANT ST. WINTHROP Date AUG 3 19596 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL August 5, 19597 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop MassReceived and filed AUG 5 1959 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

(Give maiden name of wife in full)

(or) WIFE of Thomas Alfred Foulkes
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 0 Months 0 Days If under 24 hours
0 Hours 0 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) Mass17 NAME OF FATHER Peter McIntyre18 BIRTHPLACE OF FATHER (City) _____
(State or country) Scotland19 MAIDEN NAME OF MOTHER Mary Bonney KIAK20 BIRTHPLACE OF MOTHER (City) _____
(State or country) Scotland21 Informant Mary Foulkes
(Address) 29 Atlantic 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) Health Officer (Date of Issue of Permit) 8/4/59

V.B.V.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

CTIONS
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50 M-1-68-921876

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. 1-3

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP HOSPITAL

{(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME THEODORE SOLLOS

(If deceased 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. 47 DOLPHIN AVE.

(Usual place of abode)

St. WINTHROP

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 7 months 7 days. In place of residence 2 years 7 months 7 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 3, 1959

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

July 23, 1959, to August 3, 1959I last saw him alive on August 3, 1959, death is said tohave occurred on the date stated above, at 9:20 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion6 days

Due To

(b) Myocardial Infarction6 days

(Anterior)

Due To

(c) Coronary Artery Heart2 wks.Disease

OTHER

SIGNIFICANT

CONDITIONS Post status left2 yrsirradiationWas 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, MassDate 8/3/19596 OHIEL JACOBWOBURN

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL AUGUST 41959

7 NAME OF

FUNERAL DIRECTOR ARNOLD GOLOVADDRESS 1662 BEACON ST. BROOKLINE

Received and filed

AUG 4 1959

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MALEWHITEMARRIEDWIDOWEDOR DIVORCEDMARRIED

10a If married, widowed, or divorced

HUSBAND of BLANCHE BOWERS

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 58

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation: ACCOUNTANT - SALES

(Kind of work done during most of working life)

14 Industry

or Business: OCEAN DOOR & SALES CO15 Social Security No. 030-24-1836

16 BIRTHPLACE (City)

(State or country) BRIDGEPORT, CONN

17 NAME OF

FATHER MORRIS SOLLOS

18 BIRTHPLACE OF

FATHER (City)

(State or country) HUNGARY

19 MAIDEN NAME

OF MOTHER REGINA SCHWARTZ

20 BIRTHPLACE OF

MOTHER (City)

(State or country) HUNGARY

21

Informant

(Address) ARNOLD SOLLOS15 JORDAN ROAD, W. PEARBODY

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Schumann
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/4/59

V. K. L.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 75 Crest Ave.



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 222

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Thomas H Serle

(If deceased 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. 75 Crest Ave.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 6 1959
(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 about 11:00 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Presumed to be myocardial
infarction

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Sensitivity

Was autopsy performed?

NO

What test confirmed diagnosis?

NO

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

NO

(Signed)

(Address)

H. B. Greenfield
444 State St. Winthrop Mass
Date Aug 6 1954

6 Winthrop

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

Aug. 8

19 59

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Edward S. Reynolds
Winthrop Mass

Received and filed

AUG 7 1959

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 86 Years 5 Months 25 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Jainator

(Kind of work done during most of working life)

14 Industry

or Business: School

15 Social Security No. 023-16-9320

16 BIRTHPLACE (City) Boston

(State or country) Mass

17 NAME OF

FATHER Ephraim Serle

18 BIRTHPLACE OF

Unable to obtain

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

Mary

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

21

Informant Records Old Age Assistance

(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:

Ralph C. Serle

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit) 8/7/59

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 89 Locust St.

2 FULL NAME

Domenick Genovese

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

89 Locust St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 40 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

Aug 7

1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec

1959

to Aug 7

1959

I last saw him alive on Aug 7, 1959, death is said to

have occurred on the date stated above, at 12:45 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Congestive heart failure

Due To

(b)

Chronic cor pulmonale

7 mos

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Senility

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)

(Address)

Hobbesfield
147 Shirley St
Winthrop Mass

Date Aug 8 1959

M. D.

6

Winthrop Cemetery

Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Aug 10

1959

7 NAME OF

FUNERAL DIRECTOR

Ernest P Caggiano

ADDRESS

147 Winthrop St. Winthrop

Received and filed

19

(Registrar)

(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.

125

(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
or DIVORCED

Married

10a If married, widowed or divorced
HUSBAND of Gemma Banelli

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 77 Years 5 Months 6 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Tailor

(Kind of work done during most of working life)

14 Industry

or Business:

Clothing Business

15 Social Security No.

022-05-0543

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF

FATHER

Felice Genovese

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Antonetta Pacillio

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Phillip P Genovese

67 Centre St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

8/10/59

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

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

JOSEPH D. WARD
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.

Registered No. 1103

No. Waters off Yirrell Beach.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME NEIL MacARTHUR

(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. 12 Elliot Street
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....8.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 8 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Asphyxia due to drowning following
collapse due to coronary sclerosis
and myocardial infarction.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury August 8 19 59

IF ACCIDENTAL, was injury causally related to the death?

Where did injury occur? Winthrop, Massachusetts
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in
public place? Waters off Yirrell Beach
(Specify type of place)Manner of injury
(How did injury occur?)

Nature of injury Drowning

While at work? Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A. Luongo, M. D.,
(Print or Type Signature)

(Address) Boston, Mass. Date 8/9 19 59

7 Woodlawn Cemetery Everett, Mass.
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL August 12 1959

8 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR

11 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED married11a If married, widowed, or divorced
HUSBAND of Mary Jane MacArthur
(Give maiden name of wife in full)(or) WIFE of SUTHERLAND
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 82 Years 4 Months 23 Days
If under 24 hours
Hours Minutes14 Usual Occupation retired guard
(Kind of work done during most of working life)

15 Industry or Business First National Bank

16 Social Security No. 020-14-5330

17 BIRTHPLACE (City) Cane Breton
(State or country) Nova Scotia

18 NAME OF FATHER Donald MacArthur

19 BIRTHPLACE OF FATHER (City) Cane Breton
(State or country) Nova Scotia

20 MAIDEN NAME OF MOTHER Mary Jane MacIntosh

21 BIRTHPLACE OF MOTHER (City) Cane Breton
(State or country) Nova Scotia22 Informant (Address) Mrs. Winnie B. Parsons
12 Elliot St. Pt. ShirleyI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 8/11/59

Every item of information should be carefully applied. 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 additional information. See also Chap. 36, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-46.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-924934

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

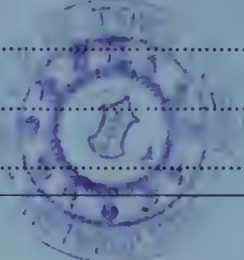
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

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 collision of railroad train and automobile." "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 for (enter name of operation and disease or condition requiring surgery)." "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.)"

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town, name of the town)

Essex

(County)

No. Andover

(City or Town)

COPY OF

CERTIFICATE OF DEATH

Registered No. 139

No. Pinecrest Nursing Home

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marie Eugenie (Ouellette) Vraux

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 12 Court Rd.

(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 11, 1959

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 16, 1959, August 11, 1959

I last saw her on Aug 10, 1959, death is said to

have occurred on the date stated above, at 5.45 a

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of colon

Due To (b)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? no

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. Charles F. Lee, M. D.

(Address) 93 Elm St. No. 8/13, 1959

Sacred Heart Cen. Andover, Mass.

6 Place of Burial or Cremation August 13, 1959

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Edgar J. Racicot

ADDRESS 356 Edway. Lawrence, Mass.

Received and filed SEP 8 1959 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 Wdwd

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full) Henri L. Vraux

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 0 Months 16 Days If under 24 hours Hours Minutes

13 Usual Occupation: Weaver - retired (Kind of work done during most of working life)

14 Industry or Business: Pacific Worsted Mills

15 Social Security No. 025 10 4976

16 BIRTHPLACE (City) St. Alexandre, Canada (State or country)

17 NAME OF FATHER Jules Ouellette

18 BIRTHPLACE OF FATHER (City) Canada (State or country)

19 MAIDEN NAME OF MOTHER Colanire Belanger

20 BIRTHPLACE OF MOTHER (City) Canada (State or country)

21 Informant: Reginald Vraux (Address) 12 Court Rd. Winthrop, Ms.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED 61erk. August 13, 1959

U.B.C.

R-302

PLACE OF DEATH

1

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.))

25W-2-58-922072

RECEIVED



SEP 3 1959 AM

THIS IS A
ENT RECORD.
only

APPROVED

ink or black
ter ribbon.

DUCTIONS
OR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
b) and (c)

does not mean
of dying,
heart failure,
etc. It means
or compli-
which caused

is, if any,
ive rise to
ause (a),
the under-
ause last.

ons contrib-
eath but not
the terminal
dition given

Chapter 137,
54, requires
s to print or
cause or
death on
ificates.

P. 46, §§ 9 &
P. 114 §§ 45,
AP. 38 § 6.)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 28 Bowdoin

2 FULL NAME Nora E. Granara

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 28 Bowdoin

(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 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 15 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1952, to Aug. 15, 1959

I last saw her alive on Aug. 15, 1959, death is said to have occurred on the date stated above, at 9:45 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

4 mos

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? 11240-1

5 Was disease or injury in any way related to occupation of deceased?

If so, specify AIO

(Signed) Charles F. Felt, M. D.

(Address) 112 Bowdoin St. Malden Date 8/17/59

6 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 19 1959

7 NAME OF FUNERAL DIRECTOR Leo M. Norton

ADDRESS 287 Main St. Malden

Received and filed AUG 19 1959 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. 123

(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

Female White

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Joseph E. Granara

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 2 Months 29 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) St. Johns
(State or country) Newfoundland

17 NAME OF FATHER John Daley

18 BIRTHPLACE OF FATHER (City) St. Johns
(State or country) Newfoundland

19 MAIDEN NAME OF MOTHER Ann Larkin

20 BIRTHPLACE OF MOTHER (City) St. Johns
(State or country) Newfoundland21 Informant Elizabeth Granara
(Address) 28 Bowdoin 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) 8/18/59

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

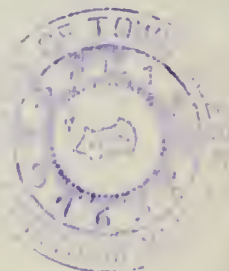
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

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R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
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50M-11-56-918978

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. 49

No. 203 Woodside Ave.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

Fannie (Hanly) Rozell

PHYSICIAN — IMPORTANT

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)

203 Woodside Ave.

(a) Residence. No. (Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 60 years months days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 15, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 25, 1950, to August 15, 1959
I last saw her alive on Aug. 14, 1959, death is said to
have occurred on the date stated above, at 2 a.m. m.INTERVAL
BETWEEN
ONSET AND
DEATH

2 wks.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bilateral bronchopneumonia

Due To Chronic Glomerulo-nephritis
(b)

9 yrs.

Due To
(c)OTHER SIGNIFICANT CONDITIONS Post vulvectomy for
gland carcinoma of the Bartholin's

10 yrs.

Was autopsy performed? no

What test confirmed diagnosis? Clinic & laboratory

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. Trappier Jr., M. D.

(Address) 73 Bartlett Rd., Winthrop 52, Mass. Date Aug. 15, 1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 18, 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop, Mass

Received and filed AUG 17 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles A Rozell
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 59 9 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) Winthrop
(State or country) Mass

17 NAME OF FATHER William H Hanly

18 BIRTHPLACE OF FATHER (City) Philadelphia
(State or country) Pa.

19 MAIDEN NAME OF MOTHER Florence McLean

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)21 Charles A Rozell
Informant (Address) 203 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)

Health Officer
(Official Designation)8/17/59
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care, during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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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100M-11-55-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **43 Bellevue Ave.**



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **150**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Catherine Ryan (Sullivan)**
(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. **43 Bellevue Ave**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death **25** years.....months.....days. In place of residence **25** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 15 1959**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
DEC 20, 19**51** to **AUGUST 15**, 19**59**
I last saw her alive on **AUGUST 15**, 19**59**, death is said to
have occurred on the date stated above, at **4:00 P** m.

INTERVAL
BETWEEN
ONSET AND
DEATH

2 DAY

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **CEREBRAL VASCULAR
ACCIDENT**

Due To **ARTERIO-SCLEROTIC HEART**
(b)

**DIS. + GENERAL ARTERIO-
SCLEROSIS**

Due To
(c)

8 YRS.

OTHER
SIGNIFICANT
CONDITIONS **BRONCHOPNEUMONIA -**

1 DAY

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) **222 PLEASANT ST WINTHROP** Date **8/16** 19**59**

6 **Winthrop Cemetery Winthrop**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Aug. 18, 1959**

7 NAME OF FUNERAL DIRECTOR **Richard C. Kirby Inc.**
917 Bennington St. E.B.

Received and filed. 19**59**

(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 **William Ryan**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **89** Years **4** Months.....Days If under 24 hours
.....Hours.....Minutes

13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)

14 Industry or Business: **At Home**

15 Social Security No. **none**

16 BIRTHPLACE (City) **Ireland**
(State or country)

17 NAME OF FATHER **William Sullivan**

18 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

19 MAIDEN NAME OF MOTHER **Mary Daly**

20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)

21 Informant **Mrs. Marguerite Mc Ilhenney**
(Address) **43 Bellevue Ave. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Official Designation **Health Officer** (Date of Issue of Permit) **8/17/59**

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A 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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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the 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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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AP. 46, §§ 9 &

AP. 114 §§ 45,

AP. 38 §§ 6.)

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. 151

1 PLACE OF DEATH
SUFFOLK
(County)
WINTHROP
(City or Town)



No. Mayflower Nursing Home (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Elizabeth E. Cunningham (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 401 Chelsea St., East Boston (If nonresident, give city or town and State)
Length of stay: In place of death 3 years, months, days. In place of residence 50 years, months, days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH August 18 1959 (Month) (Day) (Year)		8 SEX FEMALE	9 COLOR WHITE
4 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1950, to Aug 18, 1959, last saw her alive on 8/18/59, death is said to have occurred on the date stated above, at 8 A.M.	INTERVAL BETWEEN ONSET AND DEATH 2 DAY	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)
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA		(or) WIFE of (Husband's name in full)	
Due To (b) ARTERIO-SCLEROTIC HEART DISEASE	1047	11 IF STILLBORN, enter that fact here.	
Due To (c)		12 AGE 99 Years, Months, Days If under 24 hours Hours, Minutes	
OTHER SIGNIFICANT CONDITIONS		13 Usual Occupation: Housework (Kind of work done during most of working life)	
Was autopsy performed? 0		14 Industry or Business: At Home	
What test confirmed diagnosis?		15 Social Security No. None	
5 Was disease or injury in any way related to occupation of deceased? If so, specify		16 BIRTHPLACE (City) EAST BOSTON (State or country) MASS	
(Signed) Fred O'Brien, M.D.		17 NAME OF FATHER Michael J. Cunningham	
(Address) 113 Pleasant St. Wintthrop, Mass. Date 8/18/59		18 BIRTHPLACE OF FATHER (City) Ireland (State or country)	
6 Holy Cross Cemetery Malden (City or Town)		19 MAIDEN NAME OF MOTHER Ellen Hovey	
DATE OF BURIAL August 17 20 1959		20 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass	
7 NAME OF FUNERAL DIRECTOR John Hopton		21 Informant (Address) Mrs. Marie Shaw 81 St Andrews Rd East Boston	
ADDRESS 726 Sumner 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: Ralph C. Sweeney	
Received and filed AUG 20 1959		(Signature of Agent of Board of Health or other Health Officer) 8/19/59	
(Registrar)		(Official Designation) (Date of Issue of Permit)	

X

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

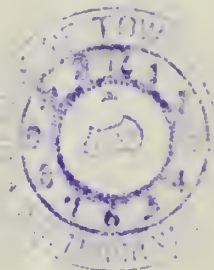
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

RECEIVED



AUG 20 1959 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
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which caused

as, if any,
ave rise to
cause (a),
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ause last.

ons contrib-
death but not
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condition given

Chapter 137,
1954, requires
s to print or
cause or
death on
ificates.

50M-1-58-921876

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. 152

No. 14 Orlando Avenue

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME Belle Violet Franklin (Tarbox)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 14 Orlando Avenue
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 44 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 22 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19 to AUGUST 22, 1959
I last saw her alive on AUGUST 22, 1959, death is said to
have occurred on the date stated above, at 11:55 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC DECOMPENSATION

INTERVAL
BETWEEN
ONSET AND
DEATH

2 DAYS

Due To (b) ARTERIOSCLEROTIC
HEART DISEASE

10 YEARS

Due To
(c)

OTHER SIGNIFICANT CONDITIONS UREMIA - CHRONIC
NEPHRITIS

1 YEAR

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) M. N. C. M.D.

(Address) 194 FARMINGTON ST. Date AUG 22, 1959

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 24, 1959

7 NAME OF FUNERAL DIRECTOR
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 24 1959

(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 Lewis Warren Franklin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 2 Months 21 Days If under 24 hours
Hours Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Farmington
(State or country) Maine

17 NAME OF FATHER Jacob Currier Tarbox

18 BIRTHPLACE OF FATHER (City) Farmington
(State or country) Maine

19 MAIDEN NAME OF MOTHER Columbia Whitney

20 BIRTHPLACE OF MOTHER (City) Farmington
(State or country) Maine

21 Informant Mrs. Clark S. Sears
(Address) 14 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:

(Signature of Agent of Board of Health or other)

Health Officer Aug. 24, 1959
(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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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
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OF DEATHot enter
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death on
ificates.

50M-1-58-921876

X
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. 153

No. Winthrop Convalescent Home
142 Pleasant St.(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Charles I. Kelley

(If deceased 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. 997 Shirley St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death X years 5 months X days. In place of residence 40 years X months X days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 22 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
5/26/55, 1955, to 8/22/59, 1959.I last saw him alive on August 21, 1959, death is said to
have occurred on the date stated above, at 1:00 A.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia left
three daysDue To (b) Arterio sclerotic & hyper-
tensive heart disease, 5 yrsDue To (c) Benign prostatic hypertrophy
3 yrs.OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical & Lab.

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Traubstein, Jr., M. D.

(Address) 73 Bartlett Rd. Date August 22, 1959

6 Puritan Lawn Cemetery, W. Peabody
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 24 1959

7 NAME OF FUNERAL DIRECTOR RICHARDSON'S FUNERAL HOME

ADDRESS 48 LAFAYETTE PARK, LYNN

Received and filed AUG 24 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Essie Daley
(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 6 Months 21 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Salesman & Manager
(Kind of work done during most of working life)

14 Industry or Business: Dairy Products

15 Social Security No. 100-012-114-0042

16 BIRTHPLACE (City) Rockville
(State or country) Nova Scotia

17 NAME OF FATHER Daniel Kelley

18 BIRTHPLACE OF FATHER (City) Rockville
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Katherine Hilton

20 BIRTHPLACE OF MOTHER (City) Rockville
(State or country) Nova Scotia21 Informant Percy G. Kelley
(Address) 94 Porter St., MelroseI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter E. Screaming
(Signature of Agent of Board of Health or other)Health Officer 8/24/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by infection, (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—the hotel, etc. For a person who had 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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OR
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54, requires
to print or
cause or
death on
ificates.

50M-1-58-92187G

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. 154No. Winthrop Community Hospital{(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])2 FULL NAME Anthony Schipani

(If deceased is a married, widowed or divorced woman, give also maiden name.)

34 Sydney St

(a) Residence. No. _____

(Usual place of abode)

St. _____

Somerville

(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 8 26 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7/23, 1959, to 8/26/ 8/26/ 59, 1959I last saw him alive on 8/26/ 19 59, death is said to
have occurred on the date stated above, at 4:50 A m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Anaplastic Carcinoma of
Gall Bladder Transverse Colon 2 mos.

Due To

(b) _____

Due To

(c) _____

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? NoWhat test confirmed diagnosis? Lab. & Surgery5 Was disease or injury in any way related to occupation of deceased No
If so, specify _____(Signed) Charles Salim

M. D.

(Address) 342 Hanover St Boston 8/26/596 Holy Cross Cemetery, Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL August 2919 597 NAME OF
FUNERAL DIRECTOR Henry S. S. S.ADDRESS 13

Received and filed

AUG 26 1959

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

white

10 SINGLE (write the word)

MARRIEDWIDOWEDor DIVORCED10a If married, widowed or divorced
HUSBAND of Angelina Voci

(Give maiden name of wife in full)

(or) WIFE of _____

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

60

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Machine Operator

(Kind of work done during most of working life)

14 Industry

or Business:

Cambridge, Mass.

15 Social Security No.

031-01-4978

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF

FATHER

Joseph Schipani

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Marrianna Grande

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Angelina Schipani34 Sydney St, Somerville, 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. S. S.
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/26/59

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

THIS IS A
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Chapter 137,

54, requires

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P. 46, §§ 9 &

P. 114 §§ 45,

AP. 38 § 6.)

5.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Mayflower Nursing Home

No. 39 Grover Ave.

2 FULL NAME Nora Creedon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 28 Irwin St

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years 6 months 26 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 28, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 1955, to Aug. 28, 1959

I last saw her alive on Aug. 28, 1959, 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) Coronary Occlusion, acute

(b) Due To Hypertensive-Cardio
Vascular Heart Disease

(c) Due To

1 day
5 yrsOTHER
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 8/29/1959

6 Winthrop Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL August 31 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass.

Received and filed AUG 31 1959 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. 155

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)

Sullivan

St. (If nonresident, give city or town and State)

40 years months days.

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 Jeremiah Creedon

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67

Years Months Days

If under 24 hours

Hours Minutes

13 Usual
Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry
or Business:

Own Home

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Ireland

17 NAME OF
FATHER

Dennis Sullivan

18 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME
OF MOTHER

Julia Howard

20 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

21 Informant Jeremiah C reedon

(Address) 28 Irwin 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)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

- DATE OF DISCHARGE

RANK, RATING.....

ORGANIZATION AND OUTFIT

SERVICE NUMBER.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

AUG 31 1950 AM

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 156

No. 335 Winthrop St. St. (If death occurred in a hospital or institution,
(If deceased is a married, widowed or divorced woman, give also maiden name.)

2 FULL NAME Anna Benson (DOYLE) 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. 335 Winthrop St Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 6 months.....days. In place of residence 2 years 6 months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 29 1959
(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.)

RHEUMATIC HEART DISEASE WITH
AORTIC STENOSIS
ACUTE CARDIAC DECOMPENSATION

5 Accident, suicide, or homicide (specify)

Date and hour of injury19.....

IF ACCIDENTAL, was injury causally related to the death?

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) Michael A. Luongo, M. D.

MICHAEL A. LUONGO M.D.
(Print or Type Signature)

(Address) Boston Date 8/30 1959

7 HOLY CROSS MALDEN
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL SEPT 2 1959

8 NAME OF FUNERAL DIRECTOR LESLIE W PIKE

ADDRESS 305 BEACH ST REVERE

Received and filed SEP 10 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX FEMALE 10 COLOR WHITE 11 SINGLE (write the word) MARRIED
MARRIED WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of HERMAN W BENSON.
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 30 Years.....Months.....Days If under 24 hours Hours.....Minutes

14 Usual Occupation: AT HOME HOUSEWIFE
(Kind of work done during most of working life)

15 Industry or Business: NONE AT HOME

16 Social Security No. 034-20-8764

17 BIRTHPLACE (City) REVERE
(State or country) MASS

18 NAME OF FATHER JOSEPH E DOYLE

19 BIRTHPLACE OF FATHER (City) BOS
(State or country) IRELAND.

20 MAIDEN NAME OF MOTHER MARGARET DONOVAN

21 BIRTHPLACE OF MOTHER (City) BOSTON
(State or country) MASS

22 Informant HERMAN W. BENSON
(Address) 335 WINTHROP ST

I HEREBY CERTIFY that a satisfactory standard
was filed with me BEFORE the burial or transit permit was issued.

Clair Baldwin
(Signature of Agent of Board of Health or other)

E 21360 8731/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

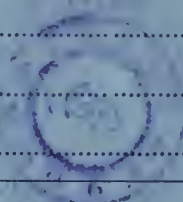
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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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 poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

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 collision of railroad train and automobile." "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 for (enter name of operation and disease or condition requiring surgery)." "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.)"

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Chapter 137,
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P. 46, §§ 9 &
P. 114 §§ 45,
AP. 38 § 6.)

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)

Mount's Condescent Home

No. 104 Highland Ave., Winthrop

STANDARD

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Bertha Loessel (Loessel)

(If deceased 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

(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 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 29 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

AUG 28, 1959, to AUG 29, 1959

I last saw him alive on AUG 28, 1959, death is said to

have occurred on the date stated above, at 9:30 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-SCLEROTIC
HEART DISEASE WITH

Due To CONGESTIVE FAILURE

(b)

Due To ACUTE GASTRO-ENTERITIS.

(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) Myron H. King, M. D.

(Address) 222 Pleasant St Winthrop Date 8/24/59

6 Forest Hills Boston

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Sept 1

1959

7 NAME OF FUNERAL DIRECTOR P. E. Murray

ADDRESS 54 Roxbury St Roxbury

Received and filed AUG 31 1959

(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 C. Henry Loessel

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 83 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Housewife

(Kind of work done during most of working life)

14 Industry

or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Loewenfeld
Germany

17 NAME OF

FATHER unable to learn Petrol

S

18 BIRTHPLACE OF

FATHER (City)
(State or country) Germany

19 MAIDEN NAME

OF MOTHER unable to learn

P

20 BIRTHPLACE OF

MOTHER (City)
(State or country) Germany

21

Informant: Miss Jeannette Johnston

(Address) Fort Banks Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death

was filed with me BEFORE the burial or transit permit was issued;

(Signature of Agent of Board of Health or other)

H.O. Atk Aug. 31/59

(Official Designation)

(Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED

AUG 31 1930 AM

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

JOSEPH D. WARD
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.

138

No. 62 Ingelside Ave., Winthrop

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME WILLIAM McMURRAY

(If deceased 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 Ingelside 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 August 29 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Arteriosclerosis of coronary art-
eries with acute coronary insuff-
iciency.

5 Accident, suicide, or homicide (specify)

Date and hour of injury19.....

IF ACCIDENTAL, was injury causally related to the death?

Where did
Injury occur? Collapsed while operating
motor car (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 No 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) Michael A. Luongo, M. D.,
(Print or Type Signature)

(Address) Boston, Mass. Date 8/29 19 59

7 Place of Burial, or Cremation. Win. Cem (City or Town) Winthrop

DATE OF BURIAL Sept. 1 19 59

8 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS 210 Winthrop St. Winthrop

Received and filed SEP 1 1959

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)
Male White MARRIED
WIDOWED
or DIVORCED Married

11a If married, widowed, or divorced
HUSBAND of Clara Boudreau
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 56 Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation: Sales Engineer
(Kind of work done during most of working life)

15 Industry or Business: Self

16 Social Security No.

17 BIRTHPLACE (City) East Boston
(State or country)

18 NAME OF FATHER John McMurray

19 BIRTHPLACE OF FATHER (City) Glasgow
(State or country) Scotland

20 MAIDEN NAME OF MOTHER Jane Kelley

21 BIRTHPLACE OF MOTHER (City) Glasgow
(State or country) Scotland

22 Informant Clara McMurray
(Address) 62 Ingelside 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)

INFORMED OF THE 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 additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 11, §§ 44-46.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

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 collision of railroad train and automobile." "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 for (enter name of operation and disease or condition requiring surgery)." "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.)"

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. 159

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



No. MOUNTS COY VALESENT HOME (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARIA MORELLO
(If deceased 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. 7 MINOT St. BOSTON
(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 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 29 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h. alive on Approximately 5:30 a.m. 19 death is said to
have occurred on the date stated above, atINTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death was presumably

(b) due to natural

(c) causes, Wintthrop

(c) 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?
If so, specify.

(Signed) Charles Liberman, M.D.

(Address) Wintthrop, Mass. Date 8/29/1959

6 ST MICHAEL BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL SEPT 1 1959

7 NAME OF FUNERAL DIRECTOR Joseph Russo

ADDRESS 42 GREEN ST BOSTON

Received and filed AUG 31 1959

(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 SEBASTIANO MORELLO
(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: HOUSEWIFE
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. NONE

16 BIRTHPLACE (City) ITALY
(State or country)

17 NAME OF FATHER FRANCESCO RIERA

18 BIRTHPLACE OF FATHER (City) ITALY
(State or country)

19 MAIDEN NAME OF MOTHER GASTANA GIANINO

20 BIRTHPLACE OF MOTHER (City) ITALY
(State or country)21 Informant GABRIANO MORELLO SON
(Address) 27 MADISON ST W. 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)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "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 disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

THIS IS A
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APPROVED

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OR
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chapter 137,
4, requires
to print or
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death on
ificates.

P. 46 §§ 9 &

P. 114 §§ 45,

P. 38 § 6.)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

23 Edgehill Road

No.

2 FULL NAME Dorothy Mary Booth

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 23 Edgehill Road

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 27 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 30 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY. That I attended deceased from

July 31, 1959, to August 25, 1959

I last saw her alive on August 25, 1959, death is said to

have occurred on the date stated above, at 11:30 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

6 yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Breast.

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

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 8/31/59

6 St. Joseph's Boston

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL September 2 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS 79 Atlantic St. Winthrop

Received and filed SEP 1 1959

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 150

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a

U. S. War Veteran,

if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

F

White

MARRIED

WIDOWED

or DIVORCED

Divorced

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles Whitehouse

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 30 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Secretary

(Kind of work done during most of working life)

14 Industry

or Business:

Law

15 Social Security No.

16 BIRTHPLACE (City)

Winthrop

(State or country)

Massachusetts

17 NAME OF

FATHER

Thomas E. Booth

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Massachusetts

19 MAIDEN NAME

OF MOTHER

Mary E. Mahoney

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Massachusetts

21

Informant

Mary Booth

(Address) 23 Edgehill Road, 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. Sciaranni

(Signature of Agent of Board of Health or other)

H.O.

Sept 1/59

(Official Designation)

(Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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.

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. 100

No. Winthrop Hosp.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Rebecca Ross
(If deceased 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. 80 Mountwood Rd. St. Shrewsbury
(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 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 31, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 4, 1959, to August 31, 1959
I last saw her alive on August 31, 1959, death is said to
have occurred on the date stated above, at 10:30 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion, acute
Myocardial infarction, ant. 6 days(b) Hypertensive - Coronary
Artery Heart Disease 10 yrs.

(c) Due To

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 10 yrs.

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 8/31/1959

Place of Burial or Cremation St. Russell Synagogue
(City or Town) Everett.

DATE OF BURIAL Sept. 1, 1959

7 NAME OF FUNERAL DIRECTOR Louis Hyman

ADDRESS 123 Main

Received and filed. SEP 1 1959 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 Harry Ross.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 7 Years 7 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER David L. Rosenfeld

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Georgia - unknown

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Raymond Ross - Son
(Address) 69 Kensington Lane ShrewsburyI 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) Aug. 31, 59

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents, or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws rests for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City of Chelsea this return)

162

COPY OF CERTIFICATE OF DEATH

Registered No. 416

No. U.S. Naval Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Pae
(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. 70 Bowdoin
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 7, 1959
(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

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) Fred C. Richardson, M. D.

(Address) USNH, Chelsea, Mass. 8/7/59,
Woodlawn, Everett, Mass.

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug. 13, 1959 19

7 NAME OF FUNERAL DIRECTOR Willwerth Fun. Home
ADDRESS Somerville, Mass.

Received and filed SEP 17 1959 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 (Husband's name in full)

11 IF STILLBORN, enter that fact here stillborn

12 AG Years Months Days If under 24 hours
 Hours Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Chelsea, Mass.
(State or country)

17 NAME OF FATHER Harry J.

18 BIRTHPLACE OF FATHER (City) Trenton, N.J.
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth A. Lestor

20 BIRTHPLACE OF MOTHER (City) Trenton, N.J.
(State or country)

21 Informant Elizabeth A. Pae (mother)
(Address) Winthrop, Mass.

A TRUE COPY

ATTEST: Joseph J. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED Aug. 14, 1959 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-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.)

25M-2-56-922072

RECEIVED



SEP 17 1950 AM

PLACE OF DEATH

Barnstable

(County)
Barnstable

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Barnstable
(City or Town making this return)

Registered No. 220163

No. (Hyannis) Cape Cod Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Male) Pumphret
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)(a) Residence. No. Winthrop, Mass.
(Usual place of abode) (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 22 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h. alive on 19 death is said to
have occurred on the date stated above, at 9:40 p.m.DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Prematurity -
duration-6 1/2 mos.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) E. Robert Harned, M. D.

(Address) Chatham, Mass. 8-24-59

Seaside Cem. Chatham, Mass.

6 Place of Burial or Cremation Aug. 24 City or Town 59

DATE OF BURIAL Chatham Memorial Chapel 19

7 NAME OF FUNERAL DIRECTOR 236 Old Harbor Rd., Chatham

ADDRESS SEP 14 1959

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 Single10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days 12 12 15
Hours Minutes13 Usual Occupation: Infant
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. (Hyannis) Barnstable

16 BIRTHPLACE (City) Mass.
(State or country)17 NAME OF William F. Pumphret
FATHER18 BIRTHPLACE OF Boston, Mass.
FATHER (City)

(State or country)

19 MAIDEN NAME Eleanor C. Burns
OF MOTHER20 BIRTHPLACE OF Boston, Mass.
MOTHER (City)

(State or country)

21 Informant William F. Pumphret
(Address) 235 Wash. Ave., WinthropATTEST: Samuel W. Sears
(Registrar of City or Town where death occurred)

DATE FILED Aug. 24 19 59

RECEIVED



SEP 14 1970

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

TEWKSBURY HOSPITAL

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 199164

Middlesex

(County)

Tewksbury, Mass.

(City or Town)

No. TEWKSBURY HOSPITAL

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Audriann Nigrelli
(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. 123 Locust
(Usual place of abode)Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 7 months 9 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 24, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 15, 1959 to August 24, 1959
I last saw her alive on August 24, 1959, death is said to
have occurred on the date stated above, at 9:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myelomeningocele
and HydrocephalusINTERVAL
BETWEEN
ONSET AND
DEATH
since
birthDue 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) Lois B. Crowell, M. D.

(Address) Tewksbury Hospital Date 8-24-1959

6 Winthrop Cemetery, Winthrop, Mass

Place of Burial or Cremation August 28 (City or Town) 1959

DATE OF BURIAL August 28 1959

7 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed SEP 16 1959 19

Supt.

(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 Infant
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 0 Years 9 Months 1 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) Revere
(State or country) Mass.

17 NAME OF FATHER Cosimo Nigrelli

18 BIRTHPLACE OF FATHER (City) Lawrence
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Marie Dudley

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.21 Informant Hospital Records
(Address)A TRUE COPY
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 24 1959

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.)

SEP 16 1953 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. 165

1 PLACE OF DEATH Winthrop Community Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Justin A. Duncan (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 52 Lowell Road St. Winthrop - Mass (If nonresident, give city or town and State)

Length of stay: In place of death 5 1/2 years 40 months 40 days. In place of residence 40 years 40 months 40 days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September - 6 - 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from 31 Aug., 1959, to 6 Sept, 1959
I last saw him alive on 5 Sept, 1959, death is said to
have occurred on the date stated above, at 8:30 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis(b) Due To Arteriosclerotic
Heart Disease(c) Due To ArteriosclerosisINTERVAL
BETWEEN
ONSET AND
DEATH5 DaysOTHER SIGNIFICANT CONDITIONS Terminal Bronchopneumonia
BronchiectasisWas autopsy performed? Yes
What test confirmed diagnosis? ECG - X RAY5 Was disease or injury in any way related to occupation of deceased?
If so, specify No(Signed) John F. Collins, M. D.
(Address) Kennebec Mass Date 6 Sept, 19596 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL September 9, 19597 NAME OF FUNERAL DIRECTOR Alfred B. MarshADDRESS 174 Winthrop St. Winthrop, Mass.Received and filed SEP 8 1959

(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 Ellen Josephine Oliver
(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 10 months 3 days
If under 24 hours
____ Hours ____ Minutes

13 Usual Occupation: retired banker
(Kind of work done during most of working life)

14 Industry or Business: savings bank

15 Social Security No. 013-05-8037

16 BIRTHPLACE (City) Somerville
(State or country) Massachusetts

17 NAME OF FATHER William Duncan

18 BIRTHPLACE OF FATHER (City) Portsmouth
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Ann Whyte

20 BIRTHPLACE OF MOTHER (City) Dundee
(State or country) Scotland

21 Informant Mrs. Ellen O. Duncan
(Address) 52 Lowell Road, 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. Hermann
(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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900-475

X

PLACE OF DEATH

Bristol
(County)

Swansea
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Swansea
(City or town making return)

Registered No. 22 166

No. 936 Gardner Hk. Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca Freeman (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 Nevada St. Wintthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years 1 months 15 days. In place of residence. 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 15 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 6 1955 to Sept. 15 1959

I last saw her alive on Sept. 15 1959, death is said to have occurred on the date stated above, at 9:20 P. M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CARCINOMA LEFT OVARY WITH METASTASES TO 4 1/2 yrs.

ANTECEDENT (b) RIGHT OVARY CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS RECURRENT MALIGNANT DISEASE TO ABDOMEN 1 yr.

Major findings: Of operations No

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Pathological Exam.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Cornelius H. Hawes M. D. (Address) Fall River, Mass. Date Sept. 16 1959

6 The Prider, Jacob West Roxbury, Mass. (City or Town)

DATE OF BURIAL Sept. 17 1959

7 NAME OF FUNERAL DIRECTOR Paul Levine

ADDRESS 470 Harvard St. Brookline, Mass.

Received and filed Sept. 16 29 1959

Albert B. Olney (Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 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:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Jacob Freeman

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Anna Metcalf

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Dr. William Freeman 936 Gardner Hk. Rd. Swansea

A TRUE COPY

ATTEST: Albert B. Olney (Registrar of City or Town where death occurred)

DATE FILED Sept. 16 1959

RECEIVED



SEP 29 1959 AM

THIS IS A
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APPROVED
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hapter 137,
54, requires
to print or
cause or
death on
ificates.

P. 46, §§ 9 &
P. 114 §§ 45,
P. 38 § 6.)

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 DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

167

No. 170 Circuit Road

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

2 FULL NAME Honora V. Overlan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 170 Circuit Road

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 27 years months days. In place of residence 27 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 17, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept 9, 1949, to Sept 17, 1959

I last saw her alive on Sept 16, 1959, death is said to

have occurred on the date stated above, at 12:15 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

6 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Chronic Myocardial
Insufficiency(b) ARTERIO-SCLEROTIC HEART
DISEASE

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) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodside Ave
Winthrop, Mass. Date 9/18, 1959

6 Winthrop Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 21, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass.

Received and filed SEP 18 1959

(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 Leo H. Overlan

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. ----

16 BIRTHPLACE (City) Hoboken
(State or country) New Jersey

17 NAME OF FATHER Michael Murphy

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Carmody

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Leo H. Overlan
(Address) 170 Circuit RoadI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

RECEIVED



SEP 1 8 1959 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.

168

No. Mount's Convalescent Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Louise E. Hutchinson

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

47 Loring Rd.

Winthrop

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 19 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 19 55 to Sept 19 59I last saw him alive on Sept 19 59, death is said to
have occurred on the date stated above, at 4:50 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive Coronary
Artery Ht. Disease 5 yrsDue To Cardiac Decompensation 6 mos
(b)Due To Auricular Fibrillation 5 yrs
(c)OTHER
SIGNIFICANT
CONDITIONS None

Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass Date 9/19/59

6 St. Joseph's Burlington Vermont
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 22 1959

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS 45 Waldemar Ave. E. Boston

Received and filed SEP 18 1959 19

(Registrar)

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

Wendell P. Hutchinson
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 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) Waltham, Vermont
(State or country)

17 NAME OF FATHER Michael Purcell

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Anne Tunney

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Bertha Queenan
(Address) 47 Loring Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Seranne
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Sept 21/59

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A 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 persons found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town, where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these regulations for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. **169**

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)No. **CORINHA BEACH**(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})2 FULL NAME **JOSEPH F CORINHA**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) **NO**(a) Residence. No. **CORINHA BEACH**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death **69** years ___ months ___ days. In place of residence **69** years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **September 20 1959**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
3 April, 19**59**, to **20 Sept**, 19**59**.
I last saw him alive on **19 Sept**, 19**59**, death is said to
have occurred on the date stated above, at **12:30 P. m.**INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Carcinoma of the**Due To **Bladder**(b) _____
(c) _____**2 yrs**OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? **no**
What test confirmed diagnosis? **cystoscopy**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 **21 Sept 1959**6 **WINTHROP** **WINTHROP**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **SEPT 23 1959**7 NAME OF FUNERAL DIRECTOR **Maureen W. Kirby**ADDRESS **WINTHROP**Received and filed **SEP 22 1959** 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 **PAULONA PERRY**
(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: **LABORER**
(Kind of work done during most of working life)14 Industry or Business: **LABORER WINTHROP**
WATER DEPT.

15 Social Security No. _____

16 BIRTHPLACE (City) **BOSTON**
(State or country) **MASS**17 NAME OF FATHER **ANTONE**18 BIRTHPLACE OF FATHER (City) **AZORES**
(State or country)19 MAIDEN NAME OF MOTHER **ROSA C. PERELLO**20 BIRTHPLACE OF MOTHER (City) **AZORES**
(State or country)21 Informant **MRS JOSEPH CORINHA**
(Address) **CORINHA BEACH**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) **9/22/59**

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.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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
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CERTIFICATEving
F DEATHenter
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4, requires
to print or
cause or
death on
ificates.

50M-5-56-917973

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. 170

Mount Rest Home

No. 104 Highland Ave. Winthrop

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Mary Whalon

(If deceased 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. 255 Border
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 6 months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 23, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 10, 1945, to Sept 9, 1959
I last saw her alive on Sept 9, 1959, death is said to
have occurred on the date stated above, at 11 P.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Edema

Due To Chronic Myocarditis

Due To Hypertension and
Hyper Tensive Heart DiseaseOTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Clinical Exam5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Louis E Schnaffa, M. D.

(Address) 14 Bennington St. Date Sept 23, 1959

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 25, 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.
ADDRESS 817 Bennington St. E. Boston

Received and filed 19

SEP 24 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 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 86 Years 3 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Stitcher
(Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. None

16 BIRTHPLACE (City) Conception Bay
(State or country) N.F.

17 NAME OF FATHER William Whalon

18 BIRTHPLACE OF FATHER (City) Conception Bay
(State or country) N.F.

19 MAIDEN NAME OF MOTHER Mary Bowe

20 BIRTHPLACE OF MOTHER (City) Conception Bay
(State or country) N.F.21 Informant Frederick Wilkie (Nephew)
(Address) 41 Centre 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)

H.O.
(Official Designation)Sept. 24/59
(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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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

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.

171

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME KENDALL Raymond T Kendall

(If deceased is a married, widowed or divorced woman, give also maiden name.)

255 Pleasant Street

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 21 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT. 29 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JAN 5, 1955 to SEPT 29, 1959I last saw him alive on SEPT. 29, 1959, death is said to
have occurred on the date stated above, at 8:05 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH
2 HRS.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

DUODENAL ULCER

2 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)

(Address)

225 Pleasant St. Winthrop

Woburn

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Oct. 2

19 59

7 NAME OF

FUNERAL DIRECTOR

Howard S Reynolds

ADDRESS

Winthrop Mass

Received and filed

OCT 1 1959

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 Lilla L Wheeler

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 49 Years 5 Months 18 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

Clothing

15 Social Security No.

022-01-1270

16 BIRTHPLACE (City)

(State or country)

Winchester

Mass.

17 NAME OF

FATHER

Arthur T Kendall

18 BIRTHPLACE OF

FATHER (City)

Winchester

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Ellen Finney

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass.

21

Informant

(Address)

Lilla L Kendall

255 Pleasant St. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Littlewood

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

J.B.R.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



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INSTRUCTIONS
FOR
CERTIFICATE

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Chapter 137,
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AP. 46, 119 &
AP. 114 & 45,
AP 3816.)

1959

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. **6185**

PLACE OF DEATH

SUFFOLK
(County)ROXBURY
(City or Town)No. **Jewish Memorial Hospital**(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME **MILDRED BRADLEY**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **21 Paine Street**
(Usual place of abode)St. **Winthrop**

(If nonresident, give city or town and State)

Length of stay: In place of death 12 years 12 months 29 days. In place of residence 26 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **JUNE 25, 1959**
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
JULY 5, 1958, to JUNE 25, 1959I last saw him alive on **JUNE 25, 1959**. death is said to
have occurred on the date stated above, at **12:20 P.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **PULMONARY EDEMA**INTERVAL
BETWEEN
ONSET AND
DEATH
HOURSDue To **ARTERIO SCLEROTIC HEART DISEASE** YEARSDue To
(c)OTHER SIGNIFICANT CONDITIONS **RIGHT MIDDLE CEREBRAL THROMBOSIS**Was autopsy performed? **YES**What test confirmed diagnosis? **AUTOPSY AND CLINICAL**5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) **St. Pelot's kin**, M. D.(Address) **Jewish Mem. Hosp.** Date **June 25, 1959**6 **Winthrop Cemetery, Winthrop**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **June 29th, 1959**7 NAME OF FUNERAL DIRECTOR **Richard C. Kirby**ADDRESS **917 Bennington St., E. Boston**Received and filed **JUN 29 1959**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write the word)

MARRIED
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of **Hugh H. Bradley**

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE **63** Years **6** Months **2** Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: **Housewife**

(Kind of work done during most of working life)

14 Industry

or Business: **At home**

15 Social Security No.

None16 BIRTHPLACE (City) **Fitchburg Mass.**
(State or country)

17 NAME OF

FATHER

Samuel Peterson

18 BIRTHPLACE OF

FATHER (City)

(State or country) **Sweeden**

19 MAIDEN NAME

OF MOTHER

Anna Anderson

20 BIRTHPLACE OF

MOTHER (City)

(State or country) **Sweeden**

21

Informant **Hugh L. Bradley-son**(Address) **63 Montmorenci Ave, E. Boston**I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:**R. Peterson**

Signature of Agent of Board of Health or other)

3396
(Official Designation)6-26-59
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

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AP. 46 §§ 9 &
P. 114 §§ 45,
AP. 38 § 6.)

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0-56-923606

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. 6358

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



No. Massachusetts General Hospital BAKER MEMORIAL

(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. 63 Pleasant
(Usual place of abode)

St. Winthrop, Massachusetts

(If nonresident, give city or town and State)

Length of stay. In place of death years months 6 days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 1, 1959

(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from
June 25, 1959, to July 1, 1959

I last saw him alive on July 1, 1959, death is said to

have occurred on the date stated above, at 2:35P.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary heart disease
with acute myocardial infarction

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS Hypertension

5yrs

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed)

Charles L. Clay, M.D.

(Address) Ass't Dir. Mass. Gen'l Hosp. Date 7-1-1959

6 HOLYOKE CEMETERY MAIDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JULY 4TH 1959

7 NAME OF
FUNERAL DIRECTOR RICHARD C. KIRBY INC.

ADDRESS 97 BENNINGTON ST EAST BOSTON

Received and filed

NOV 10 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED MARRIED
WIDOWED
OR DIVORCED

10a If married, widowed, or divorced

HUSBAND of EDITH AVALLONE
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 4 Years 5 Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

DRESS DESIGNER

(Kind of work done during most of working life)

14 Industry

or Business:

CLOTHING

15 Social Security No.

011-02-7346

16 BIRTHPLACE (City)

(State or country)

ITALY

17 NAME OF

FATHER

DOMENICA SECATORE

18 BIRTHPLACE OF

FATHER (City)

(State or country)

ITALY

19 MAIDEN NAME

OF MOTHER

ADELE DESIDERIO

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

ITALY

21

Informant

(Address)

MRS. EDITH SECATORE - WIFE
63 PLEASANT ST WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with the Board of Health or its Agent.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3456

7-2-59

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



NOV 10 1959 AM

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MR-301A

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INSTRUCTIONS
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AP. 46, § 9 &

P 114 § 45.

AP. 38 § 6.)

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0-50-923886

Suffolk

(County)

Boston

(City or Town)

PLACE OF DEATH

1

No. Veterans Administration Hospital

2 FULL NAME JOHN W. BENSON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 85 Cottage Avenue
(Usual place of abode)

xx 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 3 years months days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 6479

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 3 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That VA attended deceased from
July 3 1959 to July 3 1959

death is said to

have occurred on the date stated above, at 4:00 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarction

INTERVAL
BETWEEN
ONSET AND
DEATH
Hours

Due To (b) Arteriosclerotic heart disease (Years)
with coronary thrombosis. Hours

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 John J. Schmidt

(Signed) John J. Schmidt M. D.

(Address) VAH Boston, Mass. Date July 4 1959

6 Forest Hills Cemetery Boston, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 1959

7 NAME OF FUNERAL DIRECTOR Granstrom Funeral Home

ADDRESS 821 Cummins Highway, Mattapan, Mass.

Received and filed July 8 1959

NOV 9 1959

(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.

12 AGE 62 Years 9 Months 3 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Printer
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 017 16 0686

16 BIRTHPLACE (City) Roxbury
(State or country) Massachusetts

17 NAME OF FATHER Martin

18 BIRTHPLACE OF FATHER (City) Sweden
(State or country)

19 MAIDEN NAME OF MOTHER Matilda Magnuson

20 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)

21 Hospital Records
Informant (Address) 150 S. Huntington Ave., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

W. L. Hummer E 20269
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) July 6, 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

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NOV 16 1959 AM

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INSTRUCTIONS

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AP. 46.119 &

AP. 114.115, 45,

AP. 38.116.)

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VED 1959

0-56-923886

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

To be filed for burial permit
with Board of Health
or its Agent

Registered No.

6613

No. BETH ISRAEL HOSP.

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)2 FULL NAME FRIEDA R. CHANCEY
(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 FAUN BAR AVE.
(Usual place of abode)St. WINTHROP, MASS.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 9 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
10 AM 9 July, 1959, to 12 PM 9 JULY, 1959.I last saw her alive on 9 July, 1959, death is said to
have occurred on the date stated above, at 12 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

INTERVAL
BETWEEN
ONSET AND
DEATH
9 hoursDue To (b) Hypertensive Atherosclerotic
Heart disease

20 years

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) Jacob E. Berger, M. D.

(Address) 330 Brooklyn Ave. Boston 9 July, 1959

6 Beth Israel & Devereux
Place of Burial or Cremation Everett
(City or Town)

DATE OF BURIAL July 10 1959

7 NAME OF FUNERAL DIRECTOR T. F. Funevel Service Inc.

ADDRESS 151 Washington St. Chelsea

Received and filed JUL 14 1959

Charles H. Inactive
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 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 Nathan Chancey
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 7 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Book Keeper
(Kind of work done during most of working life)

14 Industry or Business: Motion Department

15 Social Security No. 020-30-7760

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER Jack Marks

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Celia Marks

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Isaac Dubchansky
(Address) 3 Done St. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:M. J. Brinkster
(Signature of Agent of Board of Health or other)03569
(Official Designation)July 10, 1959
(Date of Issue of Permit)

NOV 4 1959

113 V

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



NOV - 4 1959 AM

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P. 46, 119 &
P. 114 & 45,
AP. 38 & 6.)

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

To be filed for burial permit
with Board of Health
or its Agent

Registered No. **6801**

BAKER MEMORIAL, MASSACHUSETTS GENERAL HOSPITAL (If death occurred in a hospital or institution,
No. **A.** St. {give its NAME instead of street and number})

2 FULL NAME **Charles Ring** (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. **176 Woodside Ave.** St. **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **10** years **3** months **3** days. In place of residence **3** months **3** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 14 1959**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 10, 1959, to July 14, 1959
I last saw him alive on **July 14, 1959** death is said to

have occurred on the date stated above, at **4:40a m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Metastatic squamous cell carcinoma of thumb to skin to arm and lungs**

Due 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) **C.L. Clay**, M. D.

(Address) **Asst. Dir. Mass. Gen. Hosp.** Date **7-14-59**

6 **Blue Hill Cemetery, Braintree**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **July 16 1959**

7 NAME OF FUNERAL DIRECTOR **Mortimer N. Peck**

ADDRESS **Braintree, Massachusetts**

Received and filed **July 17 1959**

Charles H. Inackie
(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 **Blanche E. Roberts**
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **85** Years **11** Months **29** Days If under 24 hours
Hours Minutes

13 Usual Occupation: **Maintenance Worker**
(Kind of work done during most of working life)

14 Industry or Business: **Mason Regulator**

15 Social Security No. **011-01-0179**

16 BIRTHPLACE (City) **Canada**
(State or country)

17 NAME OF FATHER **Ezekiel Ring**

18 BIRTHPLACE OF FATHER (City) **Canada**
(State or country)

19 MAIDEN NAME OF MOTHER **Unable to be Learned**

20 BIRTHPLACE OF MOTHER (City) **Canada**
(State or country)

21 Informant **Mrs. Geneva Aver-Daughter**
(Address) **176 Woodside Ave., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William J. ...
(Signature of Agent of Board of Health or other)

E 20479
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 21 1959 AM

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ANENT RECORD.
Use only

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STRUCTIONS
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to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
e cause or
of death on
certificates.

AP. 46, 199 &

AP. 114 : 45.

AP. 3836.)

S.

V 4 1959

The Commonwealth of Massachusetts

OUT - OF - TOWN 177

Suffolk

(County)

Boston

(City or Town)



EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No.

6896

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Daniel J. MURPHY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, **WWI**
if so specify WAR)

(a) Residence, No. 45 Waldemar Ave.
(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 8 months 17 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 16 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
October 29, 19 58, to July 16, 19 59

death is said to
have occurred on the date stated above, at 11:15P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) 1. bronchopneumonia (days)

2. Septisemia (days)

3. Decubiti (months)

Due To

(b)

Due To

(c)

INTERVAL
BETWEEN
ONSET AND
DEATH

OTHER
SIGNIFICANT Cerebral infarction
CONDITIONS

10 mos

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy & Clinical Findings

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) VAN, BOSTON, MASS.

Date

19

6 Holy Cross Cem., Malden, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL July 20

19

7 NAME OF FUNERAL DIRECTOR Maurice Kirby

ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed

JUL 21 1959

19

(Registrar)

Charles H. Mackay

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 Campbell

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 59 Years 9 Months 23 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Lawyer

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. 025-03-9643

16 BIRTHPLACE (City)

(State or country)

Boston

Mass.

17 NAME OF
FATHER

Dennis Murphy

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Boston

Mass.

19 MAIDEN NAME

OF MOTHER

Mary Abley

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Salem

Mass.

21

Informant

(Address)

VA Hospital, 150 S. Huntington

Ave., 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)

820546

(Official Designation)

July 19 1959

(Date of Issue of Permit)

I.R.

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 4 1959 AM

THIS IS A
MENT RECORD.
only

APPROVED
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INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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heart failure,
etc. It means
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Chapter 137,
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ificates.

AP. 46. 1959 &
AP. 114 1954S,
AP. 3816.)

S.

V 4 1959

O-00-923880

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 178
To be filed for burial permit
with Board of Health
or its Agent
6929
Registered No.

No. New England Deaconess Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Mr. Frank Greene

(If deceased 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. 107 Locust
(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 7 days. In place of residence 11 years 7 months 7 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 18 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from
July 11, 1959, to July 18, 1959
I last saw him alive on July 18, 1959, death is said to
have occurred on the date stated above, at 1:35 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC ARREST

INTERVAL
BETWEEN
ONSET AND
DEATH

1/2 HOUR

Due To VENTRICULAR FIBRILLATION
(b)

1/2 HOUR

Due To
(c)

OTHER SIGNIFICANT CONDITIONS ARTIC STENOSIS, DIABETES
CHOLELITHIASIS, POST ARTIC VASCULOPATHY, SICK

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 Alberto Palatchi, M.D.

(Signed) Alberto Palatchi, M. D.

(Address) 135 FRANK ST Date JULY 18 1959

6 Ohel Jacob, Woburn

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 19, 1959

7 NAME OF FUNERAL DIRECTOR Arnold Golov
ADDRESS 1668 Beacon St. Brookline

Received and filed July 21 1959

Charles H. Inacker
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
or WIDOWED or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Dorothy Remer
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 16 Years 7 Months 7 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Jeweler
(Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No. en b 1

16 BIRTHPLACE (City) Lowell, Mass.
(State or country)

17 NAME OF FATHER Henry Greene

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Fannie (CBL)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Henry Greene
(Address) 95 Cross Hill Rd, Newton

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or deposit permit was issued:
unregistered 20540
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

July 19 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 4 1959 AM

THIS IS A
ANENT RECORD.
Use only

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STRUCTIONS
FOR
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etc. It mean
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o death but not
to the terminal
condition given

Chapter 137,
1954, requires
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of death on
certificates.

HAP. 46, 119 &
HAP. 114 & 45,
HAP. 38 & 6.)

V 9 1959

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.

7086

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



No. BETH ISREAL HOSP

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME CHARLOTTE ROULLARD Roullard
(If deceased 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 Temple
(Usual place of abode)

St. WINTHROP
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 23 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
JULY 22, 1959, to JULY 23, 1959
I last saw her alive on JULY 23, 1959 death is said to
have occurred on the date stated above, at 11:30 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE RENAL FAILURE

INTERVAL
BETWEEN
ONSET AND
DEATH

2 DAYS

Due To (b) MALIGNANT NEPHROSCLEROSIS

MONTHS

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS BRONCHOPNEUMONIA

DAYS

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) David Fampold, M. D.

(Address) 336 Brookline Ave., Boston Date July 23 1959

6 Place of Burial or Cremation WINTHROP
(City or Town)

DATE OF BURIAL July 25 1959

7 NAME OF FUNERAL DIRECTOR Maurice H. Kirby

ADDRESS 210 WINTHROP ST. WINTHROP

Received and filed JUL 28 1959

Charles H. (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR White 10 SINGLE (write the word)

MARRIED MARRIED
WIDOWED WIDOWED
or DIVORCED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)
(or) WIFE of Lt Col Paul R. Roullard
(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:
(Kind of work done during most of working life)

14 Industry or Business: Housekeeper

15 Social Security No. 020-8212629

16 BIRTHPLACE (City) Barre Mass.
(State or country)

17 NAME OF FATHER William Allen

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Charlotte, Chestnut

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country)

21 Informant Paul Roullard
(Address) 6 Pine 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)

03790 7/24/59

(Official Designation)

Date of Burial Permit

UBV

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 3 1959 AM

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-NENT RECORD.
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1-26 Boston ST.

STRUCTIONS
FOR

CERTIFICATE

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OF DEATH

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Chapter 137,

1954, requires

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AP. 46.119 &

P. 114.145.

AP 3816)

5.

1959

00-925000

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

To be filed for burial permit
with Board of Health
or its Agent

Registered No.

7251

No. Peter Bent Brigham Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mrs. Virginia Rowe

Visconte

(If deceased 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. 84 Hermon

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 29 1959
(Month) (Day) (Year)

WE HEREBY CERTIFY, That we attended deceased from

July 8 1959 to July 29 1959

we last saw him alive on July 29 1959, death is said to

have occurred on the date stated above, at 10:50 A.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia (clinical) BUN 86

K 7.4

Due To Polycystic Kidney Disease

(b)

40 Yrs

Due To

(c)

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify Eugene C. Eppinger, M.D.

(Signed) Eugene C. Eppinger, M.D.

(Address) P. Bent Brigham Date July 29 1959

6 Winthrop Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 1 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed AUG 3 - 1959

Charles H. (Realistone)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Walter Rowe

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 40

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry or Business:

Own Home

15 Social Security No.

6131

16 BIRTHPLACE (City)

Boston

(State or country)

Mass

17 NAME OF FATHER

John Visconte

18 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

19 MAIDEN NAME OF MOTHER

Mary Andrews

20 BIRTHPLACE OF MOTHER (City)

Gloucester

(State or country)

Mass

21 Informant (Address)

Jeannette Fallon

76 Sunnyside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or cremation permit was issued:

Patrice Hallinan

(Signature of Agent of Board of Health or other)

03861

7-30-59

(Official Designation)

(Date of Issue of Permit)

X

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 9 1959 AM

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)

181

COPY OF

CERTIFICATE OF DEATH

Registered No.

No. 214 Endicott Ave.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Elsie Didham (Coddling)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 63 Upland Rd.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 8 months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 6, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1, 1955, to September 6, 1959I last saw her alive on September 6, 1959, death is said to
have occurred on the date stated above, at 3:45 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH
2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive Cardiac
Failure

Due To Diabetes Mellitus

(b)

5 yrs.

Due To Hypertension

(c)

5 yrs.

OTHER
SIGNIFICANT
CONDITIONS
Pyoderma

lmo.

Was autopsy performed? no
What test confirmed diagnosis? Laboratory Studies5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.

(Signed) John F. Collins, M. D.

(Address) 27 Bennington St. Revere Date 9/8 1959

6 Winthrop Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 9 1959

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed OCT 13 1959 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 Arthur S. Didham
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 8 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: Seamstress
(Kind of work done during most of working life)

14 Industry or Business: Hospital

15 Social Security No. 019-14-6846

16 BIRTHPLACE (City) Mansfield
(State or country) Mass.

17 NAME OF FATHER William Coddling

18 BIRTHPLACE OF FATHER (City) Mansfield
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Lena Briggs

20 BIRTHPLACE OF MOTHER (City) Attleboro
(State or country) Mass.21 Informant Alice D. Beekman
(Address) 63 Upland Rd., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED September 9 1959

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.)



OCT 13 1959 AM

X
PLACE OF DEATH
I

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.

182

No. Grover Manor Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian J. Anderson (Whitam)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 56 Floyd

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence. 11 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 24, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 3, 1959 to Sept. 24, 1959

I last saw her alive on Sept. 23, 1959, death is said to

have occurred on the date stated above, at 1:10 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic heart
diseaseDue To
(b) Generalized Arterio-
sclerosis

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS Metastatic
Carcinoma

Was autopsy performed? no

What test confirmed diagnosis? Clinical Findings

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) John F. Collins, M. D.

(Address) 27 Bennington St., Revere Date 9/25 1959

6 Puritan Lawn Mem. Park - Peabody
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 26 1959

7 NAME OF FUNERAL DIRECTOR Porcella Funeral Service
ADDRESS 876 Winthrop Ave., Revere

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 or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Frank E. Anderson

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 1 Months 27 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) Gloucester
(State or country) Mass.

17 NAME OF FATHER Benjamin Whitam

18 BIRTHPLACE OF FATHER (City) Gloucester
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Jenney Griffin

20 BIRTHPLACE OF MOTHER (City) Rockport
(State or country) Mass.21 Informant Abby Anderson
(Address) 56 Floyd St., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED September 28 1959



OCT 13 1959

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 183

No. 10 Orlando Avenue

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)}

PHYSICIAN — IMPORTANT

2 FULL NAME Katherine Mildred Royal

(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. 10 Orlando Avenue

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 7 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
DEC-5, 1958, to OCTOBER 7, 1959
I last saw her alive on OCT. 7, 1959, death is said to
have occurred on the date stated above, at 9:45 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma
CARCINOMATOSIS(b) CANCER OF LARGE
INTESTINE (PRIMARY)

(c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? NO
What test confirmed diagnosis? OPERATION - PATH REPLY5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) A. N. Caplan, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 186 PRINCETON ST. Date 10-9-1959
EAST BOSTON

6 Riverside Cemetery, Saugus, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 10, 1959

7 NAME OF FUNERAL DIRECTOR Clifford B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed OCT 19 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John S. Royal
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 1 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired saleslady
(Kind of work done during most of working life)

14 Industry or Business: retail millinery store

15 Social Security No. 011-20-2814

16 BIRTHPLACE (City) Chelsea
(State or country) Massachusetts

17 NAME OF FATHER Alton Jesse Hatch

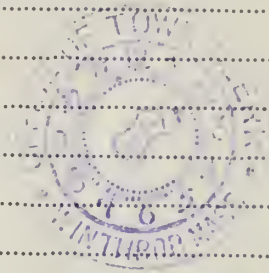
18 BIRTHPLACE OF FATHER (City) Damariscotta
(State or country) Maine

19 MAIDEN NAME OF MOTHER Annie Eliza Coldwell

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) MassachusettsInformant Walter H. Packard
(Address) 47 Packard Drive, BraintreeI 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 Oct. 19, 1959
(Official Designation) (Date of Issue of Permit)CTIONS
OR
CERTIFICATEiving
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SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING.....
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....



 RULES OF PRACTICE

OCT 19 1959 PM

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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. _____

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)John P. McCarthy
aka MacCarthy

{PHYSICIAN - IMPORTANT

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 66 Summit Ave
(Usual place of abode)

St. _____ (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months 25 days. In place of residence 35 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 10 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Jan. 10, 1957, to Oct. 10, 1959
I last saw him alive on Oct. 10, 1959, death is said to
have occurred on the date stated above, at 10:35 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

3 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage
(Left Hemiplegia)

Due To (b) Cerebral Arteriosclerosis 1 yr.

Due To (c) _____

OTHER
SIGNIFICANT
CONDITIONSSejuwostomy
Procto-Jejunostomy

18 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 Charles Liberman

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass. Date 10/10/1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 13, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed OCT 13 1959 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 Margaret M. Shea
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years _____ Months _____ Days
If under 24 hours
_____ Hours _____ Minutes13 Usual Occupation: Manager
(Kind of work done during most of working life)

14 Industry or Business: Sheet Metal

15 Social Security No. _____

16 BIRTHPLACE (City) South Wales
(State or country) England

17 NAME OF FATHER Patrick MacCarthy

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Regan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Margaret M. MacCarthy
Informant (Address) 66 Summit 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 or Board of Health or other)
H.O. Oct. 13/59
(Official Designation) (Date of Issue of Permit)

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the 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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-1-58-921876



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. _____

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. The Braemar Rest Home - 11 Moore 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.)

Bessie Robinson (Chisholm)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, if so specify WAR) No(a) Residence. No. 103 Hemenway
(Usual place of abode)St. Boston

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 3 months 3 days. In place of residence 3 years 3 months 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 11 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
August 1959 to Oct 11 1959
I last saw her alive on Oct 7 1959, death is said tohave occurred on the date stated above, at 8:15 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart DiseaseDue To (b) arteriosclerosis generalized

Due To (c) _____

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? noWhat test confirmed diagnosis? Clinical findings5 Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

Joseph Gregorie(Signature) Joseph Gregorie, M. D.(Address) 194 Washington St. Date 10-11-596 Ridge Cemetery, Robbinston, MainePlace of Burial or Cremation (City or Town)DATE OF BURIAL Oct. 14, 19597 NAME OF FUNERAL DIRECTOR Short & Williamson, Inc.ADDRESS 173 Brighton Ave. Allston, Mass.Received and filed OCT 13 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCEDWidowed10a If married, widowed, or divorced
HUSBAND of _____

(Give maiden name of wife in full)

(or) WIFE of Alvin W. Robinson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 89 Years 1 Months 14 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 home15 Social Security No. None

16 BIRTHPLACE (City)

(State or country)

Kingsport, Nova Scotia
Canada17 NAME OF
FATHERJohn Chisholm

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Sarah Church

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

21

Informant Mr. John W. Robinson

(Address)

29 Commonwealth Blvd, Bellerose

I HEREBY CERTIFY that a satisfactory standard death certificate 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)

10/12/59

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-1-58-021876

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Community Hospital

2 FULL NAME Arthur M. Maskell
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 29 Cora
(Usual place of abode)St. _____
(If nonresident, give city or town and State)Length of stay: In place of death 2 years 2 months 53 days. In place of residence 53 years 2 months 53 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 12 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 20, 1959, to October 12, 1959
I last saw him alive on October 12, 1959, death is said to
have occurred on the date stated above, at 1:15 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

7 weeks

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCTION

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Multiple pulmonary emboli.Was autopsy performed? YesWhat test confirmed diagnosis? ECG. Autopsy5 Was disease or injury in any way related to occupation of deceased? No
If so, specify N. B. Greenfield(Signed) Howard S Reynolds, M. D.(Address) 447 Shirley Street Date October 13, 19596 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL Oct. 15 19597 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.Received and filed OCT 14 1959 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. 186(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
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Marion Thompson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years 0 Months 6 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Fireman

(Kind of work done during most of working life)

14 Industry

or Business: Winthrop Fire Department15 Social Security No. 023-09-991916 BIRTHPLACE (City) Winthrop
(State or country) Mass.

17 NAME OF

FATHER Frederick Maskell

18 BIRTHPLACE OF

FATHER (City) London(State or country) England

19 MAIDEN NAME

OF MOTHER Mary Southland

20 BIRTHPLACE OF

MOTHER (City) Cape Britan Isle(State or country) Mass.

21

Informant Marion Maskell(Address) 29 Cora 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:Health Officer
(Signature of Agent of Board of Health or other)

(Official Designation)

10/14/59
(Date of Issue of Permit)

V.B. ✓

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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

Middlesex

(County)

Melrose

(City or Town)

No. Melrose-Wakefield Hospital

The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Melrose

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 187

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Drohan, Baby

(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.

37 Edward Street

St.

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

October 14, 1959

(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

(Macerated)

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

(Signed) Thomas H. Hearne

M. D.

(Address) Melrose, Mass. Date Oct. 14, 1959

6 Calvary Cem. Woburn

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL October 15, 1959

7 NAME OF
FUNERAL DIRECTOR John W. Lane, Jr.

ADDRESS

Winchester, Mass.

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. 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)

Melrose

Mass.

17 NAME OF
FATHER

William F. Drohan

18 BIRTHPLACE OF

FATHER (City)

East Boston

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Marcia Flaherty

20 BIRTHPLACE OF

MOTHER (City)

Woburn

(State or country)

Mass.

21

Informant

(Address)

William F. Drohan

37 Edward Street, Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED October 15, 1959

X

711

RECEIVED



NOV - 4 1959

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DEATH

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50M-1-58-921876

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

39 Grovers Ave.



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

188

(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

2 FULL NAME Edward E. Albee

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 51 Harbor 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 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 15, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from Oct. 14, 1959, to Oct. 15, 1959

I last saw him live on Oct. 15, 1959, death is said to

have occurred on the date stated above, at 1120 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

Due To (b) Arteriosclerosis.

5 yrs.

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Blind

2 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 Charles Liberman

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass Date 10/15/1959

6 Mt Auburn Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 17 1959

7 NAME OF FUNERAL DIRECTOR Howard J. Reynolds

ADDRESS Winthrop, Mass

Received and filed OCT 16 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

Male

White

10a If married, widowed, or divorced

HUSBAND of

Ann L. Statham Stattham & Co

(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

3

Months

7

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Engineer

(Kind of work done during most of working life)

14 Industry

or Business:

U S Government

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Melrose

Mass

17 NAME OF
FATHER

Henry L. Albee

P
A
R
E
N
T
S

18 BIRTHPLACE OF

FATHER (City)

(State or country) New Hampshire

19 MAIDEN NAME

OF MOTHER

Ellen Perkins

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Washington

21

Informant Ann L. Albee

(Address) 51 Harbor View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

V.P.L.

See letter 11-9-59

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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

JOSEPH D. WARD
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. **189**Suffolk
(County)Winthrop
(City or Town)No. **35 Lincoln Street**{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME **Arthur J. Greene**
(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 Lincoln St.** St. **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death **34** years.....months.....days. In place of residence **34** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **October 15 1959**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 9, 1958, to Oct. 15, 1959
I last saw him alive on **Oct. 14, 1959**, death is said to
have occurred on the date stated above, at **8 p.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Cancer of the bladder**INTERVAL
BETWEEN
ONSET AND
DEATHDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas 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) **B. G. Clarke, M. D.**, M. D.(Address) **171 Harrison Ave. Boston, Mass.** Date **Oct. 16, 1959**6 **Holy Cross** **Malden**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **Oct. 19, 1959**7 NAME OF FUNERAL DIRECTOR **Richard C. Kirby Inc.**
ADDRESS **917 Bennington St. E. Boston**Received and filed **OCT 19 1959** 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **White** 10 SINGLE (write the word)
MARRIED Married
or WIDOWED or DIVORCED10a If married, widowed, or divorced,
HUSBAND of **Kathryn F. Sweeney**
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **66** Years **3** Months **3** Days
If under 24 hours
.....Hours.....Minutes13 Usual Occupation: **Elevator operator**
(Kind of work done during most of working life)14 Industry or Business: **Self Employed**15 Social Security No. **025-18-8011**16 BIRTHPLACE (City) **East Boston, Mass.**
(State or country)17 NAME OF FATHER **John P. Greene**18 BIRTHPLACE OF FATHER (City) **East Boston**
(State or country) **Mass.**19 MAIDEN NAME OF MOTHER **Margaret Sweeney**20 BIRTHPLACE OF MOTHER (City) **East Boston**
(State or country) **Mass.**21 Informant (Address) **Mrs. Kathryn Greene**
35 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) **Health Officer**
(Official Designation) (Date of Issue of Permit) **10/19/59**

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

OCT 19 1959 TM
RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever, write none.

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50M-1-58-921876

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.

190

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. Mayflower Rest Home{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)2 FULL NAME True Frank Hodgkins
(If deceased 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. 381 Winthrop Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 4 years 4 months 7 days. In place of residence 7 years 7 months 7 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 20 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JAN, 1954, to OCT 1, 1959
I last saw him alive on 10/17, 1959, 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) GENERAL ANAESTHESIADue To (b) ARTERIAL DISEASEDue To (c) GENERAL ANAESTHESIAOTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? NoneWhat test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?
If so, specify Myron N. King(Signed) Myron N. King, M. D.(Address) 112 Winthrop St. Winthrop, Date 10/22 19596 Woodlawn Cemetery, Everett
Place of Burial or Cremation (City or Town)DATE OF BURIAL October 22, 19597 NAME OF FUNERAL DIRECTOR Clifford B. DavisADDRESS 114 Winthrop St. WinthropReceived and filed OCT 22 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX
Male9 COLOR
White10 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Edith May Carter

(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 21 DaysIf under 24 hours
Hours Minutes13 Usual Occupation retired Manager

(Kind of work done during most of working life)

14 Industry or Business: Shoe Bag Manufacturing Co.15 Social Security No. 001-10-391216 BIRTHPLACE (City) Chester ville
(State or country) Maine17 NAME OF FATHER Samuel Frank Hodgkins18 BIRTHPLACE OF FATHER (City) Maine
(State or country)19 MAIDEN NAME OF MOTHER Abbie F. Dyke20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)21 Informant Perry J. Hodgkins
(Address) 381 Winthrop St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Serroux
(Signature of Agent of Board of Health or other)Health Officer (Official Designation) 10/23/59 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, 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.

191

No. 821 Shirley St.

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Bryant V Stone

(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. 821 Shirley 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 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 23 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
May 25 1959 to Oct 23 1959I last saw him live on Oct 21 1959 death is said to
have occurred on the date stated above, at 5:15 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

2 years

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) carcinoma

Due To (b) carcinoma of prostate

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? operation

5 Was disease or injury in any way related to occupation of deceased?

If so, specify NO

(Signed) Harold B. Granfield, M. D.

(Address) 447 Shirley St. Winthrop Mass Date Oct 24 1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 26 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass

Received and filed OCT 26 1959 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 Marion Howland
(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 3 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: Office Manager
(Kind of work done during most of working life)

14 Industry or Business: Life Insurance

15 Social Security No. 030-10-5065

16 BIRTHPLACE (City) Houlton
(State or country) Maine

17 NAME OF FATHER Vernum P Stone

18 BIRTHPLACE OF FATHER (City) Hodgdon
(State or country) Maine

19 MAIDEN NAME OF MOTHER Sarah J Porter

20 BIRTHPLACE OF MOTHER (City) Houlton
(State or country) Maine21 Informant Marion Stone
(Address) 821 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)
Death Office 10/26/59
(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 fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from the town when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

15 Myrtle Ave

2 FULL NAME

Catherine M. Clark

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

15 Myrtle 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 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

October 27, 1959.

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 19 41, to Oct. 27, 19 59

I last saw h. ex. alive on Oct. 27, 1959, death is said to

have occurred on the date stated above, at 9:00 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

4 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchial Pneumonia

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Rheumatoid Arthr. 14 yrs

Was autopsy performed?

What test confirmed diagnosis Clin. Nec.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman M. D.

(Address) Charles Liberman Winthrop, Mass Date 10/27/59

6

Winthrop

Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

October 30

1959

7 NAME OF

FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS

Winthrop, Mass

Received and filed

NOV 4 1959

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

192

{(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

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Richard D. Clark

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 76 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Cambridge

Mass

17 NAME OF
FATHER

Dennis Mahoney

S
T
R
E
E
T

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Cannot be learned

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Richard D. Clark

15 Myrtle Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

G. C. Liberman

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

10/28/59

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A 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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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(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. 193

No. 566 SHIRLEY ST.
2 FULL NAME Katherine E. Burke
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 566 SHIRLEY St.
(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 58 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 30 1959
(Month) (Day) (Year)
4 I HEREBY CERTIFY That I attended deceased from
Oct. 26, 1959, to October 30, 1959
I last saw her alive on Oct. 30, 1959, death is said to
have occurred on the date stated above, at 2:58 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

4 days

(b) Cerebral Arterio-
sclerosis

2 yrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? Clin. 661.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles Liberman

(Signed) Charles Liberman M. D.

(Address) WINTHROP. Date 10/30/1959

6 MT. BENEDICT BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL NOV 2 1959

7 NAME OF FUNERAL DIRECTOR Maurice W. Tully

ADDRESS 210 WINTHROP ST WINTHROP

Received and filed OCT 30 1959 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 20 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: CLERK (Ret.)
(Kind of work done during most of working life)

14 Industry or Business: U.S. INTERNAL REVENUE

15 Social Security No. NONE

16 BIRTHPLACE (City) ELLSWORTH
(State or country) MAINE

17 NAME OF FATHER JOHN BURKE

18 BIRTHPLACE OF FATHER (City) IRELAND
(State or country)

19 MAIDEN NAME OF MOTHER ANNE HAWKES

20 BIRTHPLACE OF MOTHER (City) BANGOR
(State or country) MAINE21 Informant MALCOLM NICHOLS
(Address) 566 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 10/30/59
(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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FOR
CERTIFICATE

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OF DEATH

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954, requires
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AP. 46. 99 &
P. 114 95.45,
AP. 38 6.)

12 1959

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

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 6271

No. BAKER MEMORIAL, MASSACHUSETTS GENERAL HOSPITAL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Cecil B. Covington (Cecil Boyd Covington) (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. 73 Nahant Avenue
(Usual place of abode)

St. Winthrop, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 17 days. In place of residence 26 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 28 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That We attended deceased from
May 11 1959 to June 28 1959
We last saw him alive on June 28 1959, death is said to

have occurred on the date stated above, at 2:50 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH
72 hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Infarction

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Carcinoma of Bladder 7+ 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. H. Clay, M. D.

(Address) ASST. DIR. MASS. GEN. HOSP. June 28 1959

6 Bellwood Cemetery Adams, Tenn.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 2, 1959

7 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons
ADDRESS Boston, Mass.

Received and filed JUL - 1 1959

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 Eleanor C Snyder*
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 7 Months 17 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Engineer, Retired
(Kind of work done during most of working life)

14 Industry or Business: Covington Co., Boston

15 Social Security No. 025-05-8922

16 BIRTHPLACE (City) Guthrie Ky.
(State or country)

17 NAME OF FATHER Clarence Grant Covington

18 BIRTHPLACE OF FATHER (City) Guthrie Ky.
(State or country)

19 MAIDEN NAME OF MOTHER Boyd Bell

20 BIRTHPLACE OF MOTHER (City) Adams Tenn.
(State or country)

21 Informant (Address) Mrs. Eleanor S. Covington
73 Nahant 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:

W. J. M. K. E. / C. (Signature of Agent, Board of Health or other)

620195 6-29-59 (Official Designation and Date of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV 12 1959 AM

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to print or
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114 §§ 45,

P. 38 § 6.)

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50-923000

The Commonwealth of Massachusetts

195

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. 08342

No. Peter Bent Brigham Hospital (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Ginda Kaplan (Braverman)
(If deceased 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. 42 Nahant Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay. In place of death years months 1 days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 1 1959
(Month) (Day) (Year)

1 I HEREBY CERTIFY, That I attended deceased from
August 31, 1959 to Sept. 1, 1959

2 I last saw him alive on Sept. 1, 1959, death is said to
have occurred on the date stated above, at 5:20 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Massive Pulmonary Embolism
From Right Femoral Vein

Due To Undifferentiated Carcinoma
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Metastatic to Liver,
Adrenal, Lymph Nodes

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 Eugene C. Eppinger, M.D.

(Signed) Eugene C. Eppinger, M.D.

(Address) P. Bent Brigham Date Sept. 2, 1959

6 STARO-KONSTANTINOV W. Rosbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 3 1959

7 NAME OF FUNERAL DIRECTOR Toef Funeral Service Inc
ADDRESS 1615 Beacon St Brookline

Received and filed SEP 4 1959

Charles A. Mackie (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 Kaplan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Book-keeper
(Kind of work done during most of working life)

14 Industry or Business: Real Estate Office

15 Social Security No. To follow

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Nathan Braverman

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Brick

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Name: Harold Kaplan
(Address) 42 Nahant 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)

E 04335 (Official Designation)

9/12/59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles A. Mackie

City Registrar



DEC - 8 1959 AM

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
STATE OF NEW HAMPSHIRETOWN OR CITY
CLERK'S NO.

1. NAME OF DECEASED (TYPE OR PRINT) LeRoy			A. (FIRST)			B. (MIDDLE)			C. (LAST)			2. DATE OF DEATH 10-27-59			MONTH			DAY			YEAR																										
3. PLACE OF DEATH A. COUNTY Belknap												4. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE N.H. B. COUNTY Belknap																																			
B. CITY OR TOWN Laconia						C. LENGTH OF STAY (IN THIS PLACE) 1-2 days						C. CITY (GIVE ACTUAL TOWN OF RESIDENCE, NOT MAILING ADDRESS). TOWN Winthrop																																			
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 63 High St.												D. STREET (IF RURAL, GIVE LOCATION) ADDRESS P.O. Box 1						E. IS RESIDENCE ON FARM? YES ☐ NO ☐																													
5. SEX Male			6. COLOR OR RACE White			7. MARRIED ☒ DIVORCED ☐ NEVER MARRIED ☐ WIDOWED ☐			8. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE)																																						
9. DATE OF BIRTH 1-20-1897			10. AGE (IN YEARS LAST BIRTHDAY) 62			IF UNDER 1 YEAR MONTHS DAYS			IF UNDER 24 HRS HOURS MIN.			11A. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Machine worker, ret.						11B. KIND OF BUSINESS OR INDUSTRY Machine Shop																													
12. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) Cambridge, Mass.						13. CITIZEN OF WHAT COUNTRY? USA						14. FATHER'S NAME Israel Hardy Slocum																																			
15. MOTHER'S MAIDEN NAME Moria MacIntosh												16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) Yes WW I						17. SOC. SEC. NO.																													
18A. INFORMANT Frederick Eugene Slocum												18B. ADDRESS 10 Underhill St., Winthrop, Mass.																																			
MEDICAL CERTIFICATION																		19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Acute cardiac failure												INTERVAL BETWEEN ONSET AND DEATH																	
																		CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.												DUE TO (B) Pneumonia												24 Hours					
																														DUE TO (C)																	
																		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 MONTH DAY YEAR HOUR M.																																															
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 COUNTY STATE																																			
22. I attended the deceased from to and last saw her alive on Death occurred at 11:00 A. on the date stated above; and to the best of my knowledge, from the causes stated.																																															
23A. SIGNATURE (DEGREE OR TITLE) Earl J. Gagne MD Med Ref.												23B. ADDRESS Laconia, N.H.						23C. DATE SIGNED 10-27-59																													
24A. BURIAL ☒ CREMATION ☐ ENTOMBMENT ☐ REMOVAL ☐						24B. DATE Oct. 29, 1959						24C. NAME OF CEMETERY OR CREMATORY Winthrop Cem.						24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Winthrop, Mass., Suffolk																													
24E. IF ENTOMBED PLACE OF BURIAL (NAME OF CEMETERY)						LOCATION (CITY, TOWN, COUNTY) (STATE)						DATE																																			
25. FUNERAL DIRECTOR'S SIGNATURE Alfred B. Marsh Winthrop, Mass.												ADDRESS Leonard J. Slovack MD						DATE Oct. 27, 1957																													
DATE REC'D BY TOWN OR CITY CLERK Oct. 28, 1959						CLERK'S OWN SIGNATURE Kenneth R. Dunlap						CLERK OF Laconia, N.H.																																			

A true copy, Attest: **Kenneth R. Dunlap** Clerk of **Laconia, N.H.** Dated **10-29-59**

RECEIVED



NOV 1 1959 AM

Worcester

(County)

Charlton

(City or Town)

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Charlton

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

No. Masonic Home{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Kate (Batson) Evans
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No.
(Usual place of abode)St. Winthrop, Massachusetts
(If nonresident, give city or town and State)Length of stay: In place of death 11 years. 7 months. 9 days. In place of residence years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 29, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7/18 1959 to 10/29 1959
I last saw er alive on October 29, 1959, death is said tohave occurred on the date stated above, at 3 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arterio Sclerotic
Heart DiseaseINTERVAL
BETWEEN
ONSET AND
DEATH1 yrDue To
(b)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) Morris Ditch, M. D.

(Address) Date. 19

6 Cremation, Crematory Rural Cemetery
Place of Burial or Cremation Worcester, Mass.DATE OF BURIAL October 31 19597 NAME OF FUNERAL DIRECTOR George Sessions sons Co.ADDRESS 71 Pleasant St. Worcester, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE Widowed (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)(or) WIFE of George H. Evans
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years. 9 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: Retired15 Social Security No. None16 BIRTHPLACE (City) Travelers Rest
(State or country) South Carolina17 NAME OF FATHER Smith Batson18 BIRTHPLACE OF FATHER (City) Travelers Rest
(State or country) South Carolina19 MAIDEN NAME OF MOTHER Elizabeth Patterson20 BIRTHPLACE OF MOTHER (City) Unknown, North Carolina
(State or country)21 Informant Mark L. Ball Superintendent
(Address) Masonic Home, Charlton, Mass.

A TRUE COPY

ATTEST: Howard M. Sargent, Charlton
(Registrar of City or Town where death occurred)DATE FILED October 29 1959Copies 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.))

RECEIVED



NOV 13 1959 AM

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.

198

No. Mayflower Rest Home[(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)]2 FULL NAME Phoebe Richmond Doane (Tribou)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 51 Fremont Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 50 years 7 months 7 days. In place of residence 50 years 7 months 7 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 1 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan, 1955 to Nov 1, 1959.
I last saw her alive on October 7, 1959, 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) uremia
UREMIADue To (b) Senility
SENILITY

3 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? NO
If so, specify H. B. Greenfield(Signed) H. B. Greenfield, M. D.
(Address) 447 Shirley St. Winthrop Mass Date Nov 1 19596 Evergreen Cemetery Eastham, Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL November 4, 19597 NAME OF FUNERAL DIRECTOR Alfred B. Warek
ADDRESS 174 Winthrop St. Winthrop, Mass.Received and filed NOV 3 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Winfield Scott Doane
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 9 Months 4 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry or Business: Own Home15 Social Security No. none16 BIRTHPLACE (City) East Bridgewater
(State or country) Massachusetts17 NAME OF FATHER David Willard Tribou18 BIRTHPLACE OF FATHER (City) Bridgewater
(State or country) Massachusetts19 MAIDEN NAME OF MOTHER Elizabeth Shute20 BIRTHPLACE OF MOTHER (City) Bridgewater
(State or country) Massachusetts21 Informant Miss Ellen M. Doane
(Address) 51 Fremont 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)

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

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD
 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.

199

No. 16 Paine Street, Winthrop

{ (If death occurred in a hospital or institution,
 St. { give its NAME instead of street and number)

2 FULL NAME DOMINIC PACI

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
 U. S. War Veteran,
 if so specify WAR) none

(a) Residence. No. 16 Paine Street,
 (Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 18 years.....months.....days. In place of residence 18 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 3, 1959
 (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 injury19.....

IF ACCIDENTAL, was injury causally related to the death?

Where did
injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in
public place?

(Specify type of place)

Manner of
injury

(How did injury occur?)

Nature of
injury

While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A. Luongo, M.D.

(Print or Type Signature)

(Address) Boston Date 11/3 1959

7 Winthrop Cemetery Winthrop
 Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Nov 6 1959

8 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St. Winthrop

Received and filed NOV 5 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR White 11 SINGLE (write the word)
 MARRIED WIDOWED
 or DIVORCED Widowed

11a If married, widowed, or divorced
 HUSBAND of Elizabetha Danielle
 (Give maiden name of wife in full)

(or) WIFE of
 (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 84 Years 8 Months 29 Days If under 24 hours
 Hours Minutes

14 Usual Occupation: Retired Restaurant Man
 (Kind of work done during most of working life)

15 Industry or Business: Restaurant

16 Social Security No.

17 BIRTHPLACE (City) August
 (State or country) Italy

18 NAME OF FATHER Sebastian Paci

19 BIRTHPLACE OF FATHER (City) August
 (State or country) Italy

20 MAIDEN NAME OF MOTHER Veerna Bombara

21 BIRTHPLACE OF MOTHER (City) August
 (State or country) Italy

22 Informant (Address) Domenica Paci
 16 Paine 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) 11/5/59

V.B.V.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice: (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

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 collision of railroad train and automobile." "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 for (enter name of operation and disease or condition requiring surgery)." "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.)"

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P. 46, §§ 9 &

A. 114 §§ 45,

P. 38 § 6.)

Suffolk

(County)

Winthrop

(City or Town)

PLACE OF DEATH

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

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 DiGiovanni, 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. 707 Winthrop Ave. Revere, Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 0 days. In place of residence 0 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 4 1959
(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 - ancephalic

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

Dr. Joseph Gregorie

(Signed) _____, M. D.

(Address) _____ Date _____ 19____

6 PLACE OF BURIAL OR CREMATION

(City or Town)

DATE OF BURIAL Nov. 7 1959

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed _____ 19____

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

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 _____

(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) Massachusetts17 NAME OF
FATHER Joseph DiGiovanni

18 BIRTHPLACE OF

FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME

OF MOTHER Carol Wood

20 BIRTHPLACE OF

MOTHER (City) Revere
(State or country) Mass

21

Informant Father of baby
(Address) as aboveI 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)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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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**

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 Feeley, Baby Boy
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

(a) Residence, No. 34 Neptune Road, East Boston St. Mass.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence _____ years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 4, 1959
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
11-4, 1959, to 11-4, 1959

I last saw h_____ alive on _____, 19____, death is said to
 have occurred on the date stated above, at 3:58 a.m.

INTERVAL
 BETWEEN
 ONSET AND
 DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Premature Pirth
(5 Months foetus)

Due To (Stillborn)

(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? NO
 If so, specify Pasquale Costanza, M.D.

(Signed) Pasquale Costanza, M.D., M. D.

(Address) 238 Maverick St. Date 11-4, 1959

East Boston, Mass.

6 Place of Burial or Cremation CAR-GROVE (City or Town) NEEDHAM

DATE OF BURIAL Nov. 5 1959

7 NAME OF FUNERAL DIRECTOR George L. Roberts

ADDRESS 855 Broadway, Somerville

Received and filed NOV 4 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

Male White MARRIED

10a If married, widowed, or divorced

HUSBAND of _____ (Give maiden name of wife in full)

(or) WIFE of _____ (Husband's name in full)

11 IF STILLBORN, enter that fact here. 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 Patrick Feeley

18 BIRTHPLACE OF FATHER (City) Medford, Mass.
 (State or country)

19 MAIDEN NAME OF MOTHER Mary L. Scopa

20 BIRTHPLACE OF MOTHER (City) Boston, Mass.
 (State or country)

Informant John Feeley - Father
 (Address) 34 Neptune Rd E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

John C. Stranahan
 (Signature of Agent of Board of Health or other)

The State Officer 11/4/59
 (Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 202

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 18 Undine Avenue

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Adelaide Estelle Melanson
(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. 18 Undine Avenue
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 55 years months days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 7 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 30, 1959, to Nov. 7, 1959.
I last saw her alive on Nov. 7, 1959, death is said to
have occurred on the date stated above, at 8.15 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH
Weeks

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcino matosis
(generalized)Due To Carcinoma of lung
(b)Due To Carcinoma of Breast
(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) People Gregoire M. D.
TOURPIN GREGOIRE M. D.
(PRINT OR TYPE SIGNATURE)

(Address) 1940 Belmont St. Date 11-9-1959

6 Forrest Hill Cemetery Hyde Park 21
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 10, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 11-10-1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Cutler Albert Melanson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 years 8 months 25 days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Brooklyn
(State or country) New York

17 NAME OF FATHER Charles Ross

18 BIRTHPLACE OF FATHER (City) Brooklyn
(State or country) New York

19 MAIDEN NAME OF MOTHER Adelaide Estelle Ross

20 BIRTHPLACE OF MOTHER (City) Brooklyn
(State or country) New York

PARENTS

Infirmant Cutler Albert Melanson
(Address) 18 Undine Ave. 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)

11/10/59

(Official Designation) (Date of Issue of Permit)

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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NOV 7 0 1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 203

No. Winthrop Community Hosp {If death occurred in a hospital or institution,
St. give its NAME instead of street and number}2 FULL NAME Baby Boy O'Hara {If deceased is a married, widowed or divorced woman, give also maiden name.}
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence. No. 39 Elm St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 10, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 10, 1959, to Nov 10, 1959
I last saw h.....alive on I..... death is said to
have occurred on the date stated above, at 1:15 AMINTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) still bornDue To Prematurity
(b) 6 months and 13 weeksDue 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 Der Hagopian, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 39 CARY AVE CHelsea Date 11/10/596 Winthrop Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL 11/10/59 19.....7 NAME OF FUNERAL DIRECTOR Arthur S. PorcellaADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed 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 (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn12 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 Vincent18 BIRTHPLACE OF FATHER (City) Revere, Mass.
(State or country)19 MAIDEN NAME OF MOTHER Margaret Y. Donovan20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Vincent J. O'Hara
(Address) 39 Elm 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 or other)

(Official Designation) (Date of Issue of Permit)

-301A

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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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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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NOV 10 1959 PM

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50M-57-920345

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. **204**

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. **33 HERMON**(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])2 FULL NAME **DAISY E. JACKSON (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)(a) Residence. No. **33 HERMON**St. **WINTHROP**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death **1** years **1** months **1** days. In place of residence **1** years **1** months **1** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **November 13, 1959**

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

January 53, to **13 November 59**I last saw her alive on **13 Nov. 1959**, death is said tohave occurred on the date stated above, at **5 P.M.**INTERVAL
BETWEEN
ONSET AND
DEATH**12 hrs**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Cerebral Hemorrhage**Due To (b) **Generalized Arterio-****Sclerosis**

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? **clinical**5 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Arthur C. Murray M.D.**, M. D.(Address) **100 Waldemar Ave.** Date **11/13** 19**59**6 **Oak Grove, Medford**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **November 16, 1959**7 NAME OF FUNERAL DIRECTOR **Ernest P. Caggiano**ADDRESS **147 Winthrop St. Winthrop**Received and filed **NOV 16 1959** 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 **Austin George Jackson**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **76** Years **76** Months **0** Days If under 24 hours
Hours **0** 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) **Charlestown**
(State or country) **Massachusetts**17 NAME OF FATHER **William H. Hughes**18 BIRTHPLACE OF FATHER (City) **Boston**
(State or country) **Massachusetts**19 MAIDEN NAME OF MOTHER **Martha J. Knox**20 BIRTHPLACE OF MOTHER (City) **Dover**
(State or country) **New Hampshire**21 Informant **Austin G. Jackson**
(Address) **33 Hermon St., Winthrop**I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(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 septecemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

NOV 1 1959 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

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.

205

No. 19 Orlando Ave.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Sarah Helen (Power) Taylor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 19 Orlando Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 14 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1950, to Nov 14, 1959
I last saw h alive on Nov 13, 1959, death is said to have occurred on the date stated above, at 3:30 p. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
2 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

Due To (b) HYPERTENSION 10 YRS

Due To (c) ARTERIO SCLEROSIS 10 YRS

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 Louis F. Salerno

(Signed) Louis F. Salerno, M. D.

(Address) Winthrop MASS Date Nov 14 1959

6 Hope Worcester
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 17 1959

7 NAME OF FUNERAL DIRECTOR George Sessions Sons
ADDRESS Worcester Mass

Received and filed NOV 16 1959 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 Fred S Taylor

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 9 Months 26 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Grafton
(State or country) Mass

17 NAME OF FATHER Patrick Power

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ellen

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mrs C N Fisher
(Address) Fort Washington Pa.

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)

U.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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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-303 A

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

206

No. 427 Winthrop Street, Winthrop

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME FILOMENA ALBANO

(If deceased 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. 427 Winthrop Street, 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 November 15, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Coronary occlusion.

5 Accident, suicide, or homicide (specify)

Date and hour of injury19.....

IF ACCIDENTAL, was injury causally related to the death?

Where did
Injury occur?
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in
public place?
(Specify type of place)Manner of
Injury
(How did injury occur?)Nature of
Injury

While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Michael A. Luongo, M.D.

Michael A. Luongo, M.D.
(Print or Type Signature)

(Address) BOSTON Date 11/16, 1959

7 HOLY CROSS Cemetery Maiden
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Nov 18, 1959

8 NAME OF FUNERAL DIRECTOR John Circotti & Sons

ADDRESS 7 Cooper St Boston
NOV 18 1959

Received and filed19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)
FEMALE WHITE MARRIED
WIDOWED SINGLE
or DIVORCED

11a If married, widowed, or divorced

HUSBAND of
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 48 Years.....Months.....Days If under 24 hours
Hour.....Minutes14 Usual Occupation: Candy Dipper
(Kind of work done during most of working life)

15 Industry or Business: FACTORY

16 Social Security No. 012-09-2576

17 BIRTHPLACE (City) Boston, MASS
(State or country)

18 NAME OF FATHER NICOLA ALBANO

19 BIRTHPLACE OF FATHER (City) ITALY
(State or country)

20 MAIDEN NAME OF MOTHER ANGELINA BERNARDO

21 BIRTHPLACE OF MOTHER (City) ITALY
(State or country)22 Informant SAMUEL ALBANO (Brother)
(Address) 427 WINTHROP ST WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 11/18/59

V.B. V

N. B.—WRITE PLAINLY, WITH UNFADING INK. 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 additional information. See also Chap. 36, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-324934

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE
DATE OF DISCHARGE
RANK, RATING
ORGANIZATION AND OUTFIT
SERVICE NUMBER
.....

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

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 collision of railroad train and automobile." "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 for (enter name of operation and disease or condition requiring surgery)." "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.)"

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Danvers

(City or Town making this return)

Essex

(County)

Danvers

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No.

207

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 Helen Brider Noyes (Brider)

(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. 40 Washington Avenue, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 6 years 1 months 3 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 15, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from Oct. 12, 1953 to Nov. 15, 1959

I last saw him alive on Nov. 15, 1959, death is said to

have occurred on the date stated above, at 9:40 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Pancreas

INTERVAL
BETWEEN
ONSET AND
DEATH

months

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSArteriosclerotic Heart Yrs
Disease & Yrs
General ArteriosclerosisWas autopsy performed? no
What test confirmed diagnosis? Clinical & Laboratory5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Andrew Nichols, III
Hathorne, Mass. 11/15/59
(Address) Oakdale Cemetery - Middleton, Mass.

6 Place of Burial or Cremation November 17, 1959 (City or Town)

DATE OF BURIAL November 17, 1959

7 NAME OF FUNERAL DIRECTOR Wm. H. Crosby, Inc.,
Danvers, Mass.

ADDRESS

Received and filed DEC 18 1959

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Byron W. Noyes, Sr.,
(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:

Saleslady

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)17 NAME OF
FATHER18 BIRTHPLACE OF
FATHER (City)
(State or country)19 MAIDEN NAME Anna Little
OF MOTHER20 BIRTHPLACE OF
MOTHER (City)
(State or country)21 Mary E. Sheehan
Hathorne, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

November 20,

19

59



DEC 18 1959 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 208

PLACE OF DEATH

SUSSEX

(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 LILLIE B. COX
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 57 SEA VIEW AVE. St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 9 days. In place of residence 49 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 18 - 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Oct 20 1959, to Nov 18 1959

I last saw her alive on Nov 18 1959, death is said to have occurred on the date stated above, at 9:10 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive Cardiac Failure

INTERVAL
BETWEEN
ONSET AND
DEATH

1 Day

Due To (b) Myocardial Disease

Few years

Due To (c) Hypertension

Several years

OTHER SIGNIFICANT CONDITIONS Adenocarcinoma of Uterus

2 Months

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) John F. Caggiano, M.D.

(PRINT OR TYPE SIGNATURE)

(Address) Rensselaer Mass. Date 18 Nov 1959

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 21, 1959

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV 19 1959

(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 Richard D. Cox (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 4 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: At home

15 Social Security No.

16 BIRTHPLACE (City) West Newton (State or country) Massachusetts

17 NAME OF FATHER Gustave Jacobs

18 BIRTHPLACE OF FATHER (City) Norway (State or country)

19 MAIDEN NAME OF MOTHER Leonora Halversen

20 BIRTHPLACE OF MOTHER (City) Norway (State or country)

21 Informant Richard D. Cox (Address) 57 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:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

-301A

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CERTIFICATE

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SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING.....
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....
 RECEIVED



NOV 19 1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

The Commonwealth of Massachusetts

JOSEPH D WARD
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. 209

Suffolk

(County)

Winthrop

(City or Town)

No. 191 Cottage Park Road

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME RAFFAELA LIMONE (CIMIRRO)

(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. 191 Cottage Park Road
(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 17 years..... months..... days. In place of residence 17 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 21, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 2, 1958, to Nov. 21, 1959.I last saw him alive on Nov. 20, 1959, death is said to
have occurred on the date stated above, at 6:40 m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

INTERVAL
BETWEEN
ONSET AND
DEATH
5 days

Due To (b) HYPERTENSION

99RS

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) Louis F. Salerno, M. D.

Louis F. Salerno M.D.

(PRINT OR TYPE SIGNATURE)

(Address) 175 Pleasant St., Date Nov. 21, 1959

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 24, 1959

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV 24 1959 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

Luigi Limone

(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)

Italy

17 NAME OF FATHER

Joseph Cimirro

18 BIRTHPLACE OF

FATHER (City)

(State or country) Italy

19 MAIDEN NAME

OF MOTHER

Information unavailable

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Italy

21

Informant

(Address)

Joseph Limone

191 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:

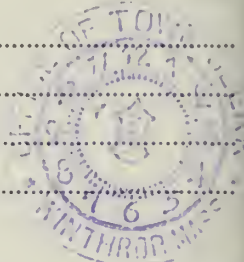
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

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.

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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.

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P. 38 § 6.)

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. **210**

SUFFOLK
(County)
WINTHROP
(City or Town)

No. **48 DOLPHIN Ave**

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME **MYER SWARTZ**
(If deceased 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 AVE** St.

(If nonresident, give city or town and State)

Length of stay: In place of death **10** years - months - days. In place of residence **10** years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **NOV. 21, 1959**
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
August 1956 to **Nov. 21, 1959**
I last saw him live on **Nov. 21, 1959**, death is said to
have occurred on the date stated above, at **6:20 A.m.**

INTERVAL
BETWEEN
ONSET AND
DEATH

6 mos

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Cancer of oesophagus**

Due To (b) **Carcinomatosis from above.**

6 mos.

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 **Charles Liberman**

(Signed) **Charles Liberman**, M. D.

(Address) **Winthrop, Mass.** Date **11/21, 1959**

6 **LIBERTY PROGRESSIVE EVERETT**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **NOV 22 1959**

7 NAME OF FUNERAL DIRECTOR **TORF FUNERAL SERVICE INC**
ADDRESS **CHELSEA**

Received and filed **NOV 23 1959** 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 **ETTA MELAMED**
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **22** Years - Months - Days If under 24 hours
Hours Minutes

13 Usual Occupation: **DEALER**
(Kind of work done during most of working life)

14 Industry or Business: **REAL ESTATE**

15 Social Security No.

16 BIRTHPLACE (City) **RUSSIA**
(State or country)

17 NAME OF FATHER **ABRAHAM SWARTZ**

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 **MAURICE KLICKSTEIN**
(Address) **38 VARICK RD NEWTON**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Seramian
(Signature of Agent of Board of Health or other)

Health Officer **Nov. 22, 1959**
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED



NOV 23 1959 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD
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. **211**

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 92 Bartlett Road

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Rosalie Gretchen Fowler (McIntyre)
(If deceased 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 Bartlett Road
(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 November 22 1959
(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 11:05 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To Presumably Coronary Occlusion
(b) sudden

Due To Generalized Arteriosclerosis
(c) 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) Arthur C. Murray M.D.

Arthur C. Murray M.D.
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop Date 24 Nov 1959

6 Forest Hills Cemetery Jamaica Plain
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 25 1959

7 NAME OF FUNERAL DIRECTOR Alfred B Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed NOV 25 1959

(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 Fowler
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 9 Months 26 Days
If under 24 hours
.....Hours.....Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 034-18-2687-B

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Willard Francis McIntyre

18 BIRTHPLACE OF FATHER (City) Chelsea
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Caroline Hutchinson

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.

Informant Miss Virginia M. Fowler
(Address) 92 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:

Alfred B Marsh
(Signature of Agent of Board of Health or other)

Health Officer 11/25/59
(Official Designation) (Date of Issue of Permit)

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SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

RECEIVED
NOV 25 1959 PM
HINTROP MUSEUM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

PLACE OF DEATH

SUFFOLK

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 212

No. 241-A Shirley Street, Winthrop St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME BEVERLY NOLLER

(If deceased 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

(a) Residence. No. 241-A Shirley Street, Winthrop, Mass.
(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 23, 1959
(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.)
Meningioma of cerebellum with acute
sub-tentorial cerebral edema

5 Accident, suicide, or homicide (specify)

Date and hour of injury19.....

IF ACCIDENTAL, was injury causally related to the death?

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)

Michael A. Luongo, M.D.

(Print or Type Signature)

(Address) Boston

Date 11/23/59

AMERICAN FREINDSHIP SOC. BAKER ST.

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL WEST ROX. 11 24 19 59

8 NAME OF FUNERAL DIRECTOR SCHLOSSBERG FUNERAL SER.

ADDRESS 1257 BLUE HILL AVE. MATT.

Received and filed NOV 24 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR White 11 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED

11a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of WILLIAM NOLLER

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 41

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:

AT home

16 Social Security No.

None

17 BIRTHPLACE (City)

(State or country)

Boston Mass.

18 NAME OF

FATHER

HARRY ENGLER

19 BIRTHPLACE OF

FATHER (City)

BOSTON MASS.

(State or country)

20 MAIDEN NAME

OF MOTHER

EDITH ALLEN

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

RUSSIA

22

Informant

(Address)

WILLIAM NOLLER

241 A, 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:

Ralph C. Kennedy
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

11/24/59

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 additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-924934

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE
DATE OF DISCHARGE
RANK, RATING
ORGANIZATION AND OUTFIT
SERVICE NUMBER

RULES OF PRACTICE

NOV 24 1959 AM

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

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 collision of railroad train and automobile." "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 for (enter name of operation and disease or condition requiring surgery)." "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.)"

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Chelsea
(City or Town making this return)

Suffolk

(County)

Chelsea

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No. 591 213

No. U.S. Naval Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Alton (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. Qtrs. #35, Ft. Banks / St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 24, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

Due To (b) Prythroblastosis fetalis

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

(Signed) H.P. Pine M. D. (Address) USNH, Chelsea, Mass. Date 11/25/59

6 Woodlawn, Everett, Mass. (City or Town) Place of Burial or Cremation Nov. 25, 1959

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR R.C. Kirby, Inc. 917 Bennington St., Boston ADDRESS

Received and filed DEC 7 1959 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 stillborn

12 AGE Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Chelsea, Mass. (State or country)

17 NAME OF FATHER Harold W.

18 BIRTHPLACE OF FATHER (City) Judsonia, Ark. (State or country)

19 MAIDEN NAME OF MOTHER Laverne D. Bullard

20 BIRTHPLACE OF MOTHER (City) Garland, Texas (State or country)

21 Informant H. Alton (father) (Address) Ft. Banks, Winthrop, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov. 25, 1959 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



DEC - 7 1959 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD

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. **214**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Convalescent Home

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Carrie Augusta Smith (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) **NO.**(a) Residence. No. 89 Bowdoin Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 3 months 14 days. In place of residence 24 years 6 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 26, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
SEPT. 6, 1938, to NOVEMBER 26, 1959I last saw her alive on NOV. 26, 1959, death is said to
have occurred on the date stated above, at 9:40A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC DECOMPENSATIONINTERVAL
BETWEEN
ONSET AND
DEATH
1 WEEKDue To HYPERTENSION + HEART DISEASE(b) 2 YEARSDue To
(c)OTHER
SIGNIFICANT
CONDITIONS CEREBRAL HEMORRHAGE 2 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) G. M. Caplan, M. D.A. M. CAPLAN M.D.
(PRINT OR TYPE SIGNATURE)(Address) 19 MERMAID AV Date 11-27-59
WINTHROP MASS6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL November 28, 19597 NAME OF FUNERAL DIRECTOR Clifford B. MarshADDRESS 174 Winthrop St. Winthrop,Received and filed NOV 30 1959

(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 Allister Mansfield Smith
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 22 Years 6 Months 14 Days Hours Minutes

13 Usual

Occupation: Housewife
(Kind of work done during most of working life)

14 Industry

or Business: Own Home15 Social Security No. 029-10-2792-B16 BIRTHPLACE (City) Somerville
(State or country) Massachusetts

17 NAME OF FATHER

Stephen Slater Smith

18 BIRTHPLACE OF

FATHER (City) Slatersville(State or country) Rhode Island

19 MAIDEN NAME

OF MOTHER Fannie Augusta Curtis

20 BIRTHPLACE OF

MOTHER (City) Addison(State or country) Maine

21

Informant Miss S. Hazel M. Smith
(Address) 89 Bowdoin 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:North Office
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/27/59

-301A

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9-925686

SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING.....
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED



NOV 30 1959 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 215

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 Albanus S Maddocks
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 130 Pauline Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....40.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 28, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Nov. 19, 1959, to Nov. 28, 1959
I last saw him alive on Nov. 26, 1959, death is said to
have occurred on the date stated above, at 4:05 P.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia, terminal

Due To Carcinoma of sigmoid
(b) with metastases to liver

1 yr.

Due To Ascites
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? X-Ray

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph Gregorie, M. D.

(PRINT OR TYPE SIGNATURE)
(Address) 194 Washington Date Nov. 30 19596 Monroe Monroe Maine
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 3 19597 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed DEC 2 1959 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 Mattie E. Brown
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 77 Years 3 Months 23 Days
If under 24 hours Hours Minutes13 Usual Occupation: Contractor
(Kind of work done during most of working life)

14 Industry or Business: Builder

15 Social Security No. 013-28-7264

16 BIRTHPLACE (City) Swansville
(State or country) Maine

17 NAME OF FATHER John Maddocks

18 BIRTHPLACE OF FATHER (City) Bangor
(State or country) Maine

19 MAIDEN NAME OF MOTHER Ruby York

20 BIRTHPLACE OF MOTHER (City) Frankfort
(State or country) Maine21 Informant Mattie E Maddocks
(Address) 130 Pauline St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1-301A

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59-925686

SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING.....
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

RECEIVED



DEC - 2 1959 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.

216

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)}

2 FULL NAME Karl H. Schaalman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(a) Residence. No. 29 Wilshire St.
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 1 months 25 days. In place of residence. 25 months 25 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 28, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JANUARY 1949 to NOVEMBER 28, 1959

I last saw h. IM alive on NOVEMBER 27, 1959, death is said to

have occurred on the date stated above, at 8:00 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) CARCINOMA STOMACH

INTERVAL BE-
TWEEN ONSET
AND DEATH

6 mos

ANTE Due To
CEDENT (b) CAUSES

CARCINOMATOSIS

2 mos

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSPROSTATIC HYPERTROPHY
GENERALIZED ARTERIOSCLEROSISMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? X-RAY - CLINICAL ORSER

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harold M. Minter, M. D.
(Address) 633 Beach St. Revere, Mass. Date Nov 29, 19596 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 1, 1959 19

7 NAME OF DIRECTOR Leslie W. Pike

ADDRESS 305 Beach St, Revere

Received and filed DEC 1 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED WIDOWED
or DIVORCED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Mabel E. Langton
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 75 AGE Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Machinist Retired
(Kind of work done during most of working life)

14 Industry or Business: American Stay Co.

15 Social Security No. 022 -07-3871

16 BIRTHPLACE (City, Bridgeport
(State or country) Connecticut

17 NAME OF FATHER Joseph Schaalman

18 BIRTHPLACE OF FATHER (City)
(State or country) Germany

19 MAIDEN NAME OF MOTHER Christine Mack

20 BIRTHPLACE OF MOTHER (City) Stamford
(State or country) Connecticut21 Informant Warren Schaalman
(Address) 192 W. Wyoming St MelroseI 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-354-911867

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

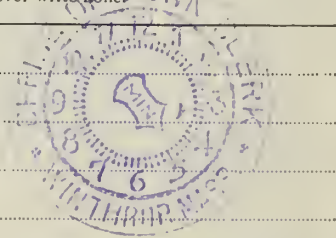
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



DEC - 1 1959 PM

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. 46, §§ 9 &
. 114 §§ 45,
P. 38 § 6.)

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. **217**

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. **84 CLIFF AVE**(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME **Joseph Levenson**
(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. **84 CLIFF AVE** St. (If nonresident, give city or town and State)Length of stay: In place of death **2** years **6** months **-** days. In place of residence **14** years **-** months **-** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **November 30 1959**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____I last saw h— alive on _____, 19____, death is said to
have occurred on the date stated above, at **6:30 P.M.**INTERVAL
BETWEEN
ONSET AND
DEATH
-

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Natural Causes**Due To (b) **Presumably Coronary Occlusion****Sudden**

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. **Arthur C. Murray, M.D.**
(Address) **Winthrop, Mass** Date **30 Nov 1959**6 **ISRAEL OF WINTHROP** **EVERETT**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **DEC 2 1959**7 NAME OF FUNERAL DIRECTOR **TORF FUNERAL SERVICE INC**
ADDRESS **CHELSEA**Received and filed **DEC 1 1959** 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.

12 AGE **59** Years **-** Months **-** Days If under 24 hours
- Hours **-** Minutes13 Usual Occupation: **SALESMAN**
(Kind of work done during most of working life)14 Industry or Business: **MENS FURNISHINGS**15 Social Security No. **028-01-7367**16 BIRTHPLACE (City) **CHELSEA MASS**
(State or country)17 NAME OF FATHER **JACOB LEVENSON**18 BIRTHPLACE OF FATHER (City) **RUSSIA**
(State or country)19 MAIDEN NAME OF MOTHER **LENA M. TAYMOR**20 BIRTHPLACE OF MOTHER (City) **RUSSIA**
(State or country)21 Informant **JAMES ALTER**
(Address) **84 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:**Arthur C. Murray**
(Signature of Agent of Board of Health or other)**Heather P. Pickett** **12/1/59**
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

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DEC -1 1959 PM

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OF DEATHt enter
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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.

08199

PLACE OF DEATH

SUFFOLK
(County)Boston
(City or Town)

No.

BETH ISRAEL HOSPITAL

(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.)

ETTA WHITE

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

218

(a) Residence. No.

(Usual place of abode)

156 SHIRLEY ST.

St.

LINTHROP, MASS.

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months days. In place of residence years 10 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHAUGUST 28 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, that I attended deceased from
AUG 28, 1959 to AUG 29, 1959

I last saw her alive on AUG 29, 1959, death is said to

have occurred on the date stated above, at 6:54 m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCT

Due To

CORONARY ARTERY DISEASE

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

PROBABLE LYMPHOMA

Was autopsy performed? No

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

HUGH B. BROWN

(Signed) M. D.

(Address) 330 Brookline Ave Date Aug 29, 1959

6 Tifereth Israel of Lintthrop, Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 30 1959

7 NAME OF

FUNERAL DIRECTOR Hymen J. Toff Service.

ADDRESS 151 Washington Ave Chelsea.

Received and filed

SEP - 1 1959

19

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED

10a If married, widowed, or divorced

HUSBAND of Charles
(Give maiden name of wife in full)(or) WIFE of Charles White
(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: (Kind of work done during most of working life)

14 Industry

or Business: Bakery

15 Social Security No. 020-12-8965

16 BIRTHPLACE (City)

(State or country) Poland

17 NAME OF

FATHER Abraham Schuen

18 BIRTHPLACE OF

FATHER (City) Poland

(State or country)

19 MAIDEN NAME

OF MOTHER (CBL)

20 BIRTHPLACE OF

MOTHER (City) Poland.

(State or country)

21

Informant: Mr. Abraham White

(Address) 71 Wilshire Rd. Lintthrop

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)

21337

(Official Designation)

(Date of Issue of Permit)

✓ 113

A TRUE COPY ATTEST:

Charles H. Mackie

City Clerk



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.

219

08383

Registered No.

No.

Henry

PATRICK TEEVENS

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 833 Shirley St.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 1 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
August 18 1959 to September 1 1959
I last saw him on September 1 1959. death is said to
have occurred on the date stated above, at 3:20 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Peritonitis

8 d

Due To (b) Perforation of sigmoid
colon

8 d

Due To (c) Diverticulosis +
diverticulitis

9 d

OTHER SIGNIFICANT CONDITIONS
Diabetes mellitus

9 d

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 L. Cloy, M.D.
(Address) Asst. Dir., Mass. Gen'l Hosp.

9/1/

M. D. 1959

6 PLACE OF BURIAL (City or Town)
Old Calvary Cemetery Boston

DATE OF BURIAL Sept 4 1959

7 NAME OF FUNERAL DIRECTOR

ADDRESS 46 Harvard St. Brookline.

Received and filed SEP 4 1959 19

Charles A. Tractors (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 74 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Prison Guard
(Kind of work done during most of working life)

14 Industry or Business: Long Island

15 Social Security No. None

16 BIRTHPLACE (City) So. Boston
(State or country)

17 NAME OF FATHER John J. Teevens

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ellen M. (unknown)

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Margaret Healy
(Address) 130 Westbourne Park BrightonI 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)

E 31443
(Official Designation)9-8-55
(Date of Issue of Permit)

V.B.

A TRUE COPY ATTEST:

Charles G. Mackie

()



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

048374 220

Registered No.

PLACE OF DEATH

Suffolk
(County)

Boston

(City or Town)

No. GLENSIDE HOSPITAL

{ (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 PULL NAME REBECCA COHEN
(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. 170 CLIFF AVE.
(Usual place of abode)

St. WINTHROP, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months 1 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT. 2 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
JULY 3, 1959 to SEPT. 2, 1959

I last saw her alive on SEPT. 2, 1959, death is said to

have occurred on the date stated above, at 520 P. M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) ARTERIOSCLEROTIC HEART
DISEASE

YEARS

ANTECEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify George Cloutier M. D.
(Signed) 74 FENWOOD RD. Date 9/2 1951
(Address)

6 Puriton-Mt. Sinai (Lebanon) W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 4, 1959

7 NAME OF FUNERAL DIRECTOR Benj. F. Solomon
ADDRESS 420 Harvard St. Brookline

Received and filed SEP 4 1959 19.

Charles H. Inackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED widowed
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of JACOB COHEN
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 99 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: HOTEL KEEPER (RETIRED)
(Kind of work done during most of working life)

14 Industry or Business: HOTEL

15 Social Security No. NONE

16 BIRTHPLACE (City) RUSSIA
(State or country)

17 NAME OF FATHER (UNKNOWN)

18 BIRTHPLACE OF FATHER (City) RUSSIA
(State or country)

19 MAIDEN NAME OF MOTHER (UNKNOWN)

20 BIRTHPLACE OF MOTHER (City) RUSSIA
(State or country)

21 Informant Lena Baum
(Address) 170 Cliff Ave., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Claire Baldwin
(Signature of Agent of Board of Health or other)
FO43 B 9/3/59
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Clerk



PLACE OF DEATH

Middlesex

(County)

Everett

(City or Town)

No. Whidden Hospital

2 FULL NAME

Eva Leventhal (Smaller)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 58 Summit Ave.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death years month 17 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 17, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11-3-1959 to 11-17-1959

I last saw her alive on 11-17-1959, death is said to have occurred on the date stated above, at 3:55a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Infarction of intestine

INTERVAL
BETWEEN
ONSET AND
DEATH
24y.

Due To Atherosclerosis of Aorta yrs.

Due To

(c) Hypertensive-A-S Heart Dis. yrs.

OTHER SIGNIFICANT CONDITIONS: Bronchopneumonia 2 wks.
Aplastic Anemia yes nos.Was autopsy performed? clin. & autopsy
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Peter Sapientza M. D.

(Address) Malden Date 11-17-1959

Sharon Mem. Park Sharon

6 Place of Burial or Cremation (City or Town) 11-18-59

DATE OF BURIAL 11-18-59

7 NAME OF FUNERAL DIRECTOR Schlossberg Mem. Chapel Mattapan

ADDRESS

Received and filed. DEC 23 1959 59

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

EVERETT

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

221

(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 f 9 COLOR Wht. 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 Israel Leventhal
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

13 AGE 73 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 034-14-3660 D

16 BIRTHPLACE (City) Lithuania
(State or country)

17 NAME OF FATHER Morris A. Smaller

18 BIRTHPLACE OF FATHER (City) Lithuania
(State or country)

19 MAIDEN NAME OF MOTHER Chainsa R.

20 BIRTHPLACE OF MOTHER (City) Lithuania
(State or country)21 Informant: Tillie Richards
(Address) Mattapan

A TRUE COPY

ATTEST: John M. Farrell
(Registrar of City or Town where death occurred)

DATE FILED 11-18-19 59

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.) resided as soon as possible, after the close of the month in which the death occurred.

RECEIVED



DEC 23 1959 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.

222

No. 21 Grover Ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Miriam H. Clark

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Hayward

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 21 Grover Ave
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 60 years. months. days. In place of residence. 60 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 6, 1959.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 1955, to 6 December 1959.
I last saw her alive on 6 December, 1959, 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) Cerebral Hemorrhage 6 days

Due To (b) Generalized Arteriosclerosis
years

Due To (c) —

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) Arthur C. Murray M. D.

(Address) Winthrop Date Dec 1959

6 Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 9 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
Winthrop, Mass

ADDRESS DEC 8 1959

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 William J. Clark
(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. Charlestown
16 BIRTHPLACE (City) Mass
(State or country)

17 NAME OF FATHER Henry E. Hayward

18 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) Mass

19 MAIDEN NAME OF MOTHER Mary McCloskey

20 BIRTHPLACE OF MOTHER (City) South Boston
(State or country) Mass21 Informant. Miriam C. Clark
(Address) 21 Grover Ave., WinthropI 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)Healeh Officer 12/8/59
(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 person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including beating, ~~epilepsy~~) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also, deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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

JOSEPH D. WARD
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.

223

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 Serafina Scifo Indelicato
(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. 12 Cheever Court
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 2.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 7 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
May 1952 to Dec. 7 1959
I last saw him alive on Dec 7 1959, death is said to
have occurred on the date stated above, at 6:10 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(terminal)

2 days

Due To myocardial Heart
(b) disease yrsDue To arteriosclerosis
(c) generalized yrsOTHER SIGNIFICANT CONDITIONS
Anemia - 4 days
Diabetes Mellitus yrs

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) Joseph GREGORIE, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 194 Washington Ave. Date 12-8-1959

6 St. Michael Cemetery Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL 12 - 10 - 597 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed DEC 10 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR wh 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)
Michael Indelicato
(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: House wife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Giacomo Scifo

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Catherine (unknown)

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Charles Indelicato
(Address) 12 Cheever Ct. 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)
Health Officer 12/9/59
(Official Designation) (Date of Issue of Permit)

X

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

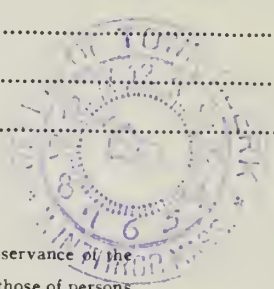
DATE OF DISCHARGE.....

RANK, RATING

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....



RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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.

224

PLACE OF DEATH

(County)

(City or Town)

No.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN—IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.
(Usual place of abode)

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 Dec. 11 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July, 1958, to Dec. 11, 1959
I last saw him alive on Dec 11, 1959, death is said to
have occurred on the date stated above, at 5:00 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion Acute

1 day

Due To (b) Coronary Artery Heart Disease

2 yrs.

Due To (c) Cardiac Decompensation

1 month

OTHER
SIGNIFICANT
CONDITIONSNone

Was autopsy performed?

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) W. 1111 1/2 St. Date 12/11/1959

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL _____ 19____

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed DEC 11 1959 _____ 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 22 Years 12 Months 22 Days If under 24 hours
— Hours — Minutes13 Usual Occupation: Police Officer
(Kind of work done during most of working life)14 Industry or Business: P. O. Box15 Social Security No. 1-1-1-1-1-1-1-1-1-116 BIRTHPLACE (City)
(State or country) Massachusetts17 NAME OF FATHER John J. Cronin18 BIRTHPLACE OF FATHER (City)
(State or country) Massachusetts19 MAIDEN NAME OF MOTHER Anna Cronin20 BIRTHPLACE OF MOTHER (City)
(State or country) Massachusetts21 Informant (Address) 1111 1/2 St. W. 1111 1/2 St. W.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Harry C. Cronin
(Signature of Agent of Board of Health or other)(Official Designation) 12/11/59
(Date of Issue of Permit) DBV

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

225

No. Winthrop Convalescent Home

{(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME Isabel DeFranzo

(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 Chelsea
(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 13, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
12/13/59, 1959, to 12/13/59, 1959
I last saw him alive on 12/12/59, 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) Carcinoma Lower Bowel

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Colostomy at Peter
B. Keop.

Was autopsy performed?

What test confirmed diagnosis? question at Peter B. Keop.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

Anthony A. Forziatti

(Signed) Anthony A. Forziatti, M. D.

(Address) 116 Pondia St. Date 12/13/59

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 16, 1959

7 NAME OF DIRECTOR Vincent Rapino
9 Chelsea St., E. Boston, Mass.

ADDRESS

Received and filed DEC 17 1959 19

(Registrar)

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 Michael DeFranzo
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Boston, Mass.
(State or country)

17 NAME OF FATHER Rocco Rinaldi

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Bridget Pandelena

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

21 Informant Louis DeFranzo (son)
(Address) 72 Wordsworth St., E. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with the Board of Health or its Agent before the burial or cremation permit was issued:
Ralph E. Scrammery, Jr.
(Signature) (Agent of Board of Health or other)
Health Officer 12/15/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death. Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Essex

(County)
Danvers

(City or Town)

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 Blanche E. McElree (Hodgdon)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 18 Hale Avenue, Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death. 5 years. 3 months. 3 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 16, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from July 13, 1959 to Dec. 16, 1959
I last saw him alive on Dec. 16, 1959 death is said to have occurred on the date stated above, at 2:45a.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia with
Virus InfectionDue To
(b) Due To
(c) OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis
 yrsWas autopsy performed? no
What test confirmed diagnosis? Clinical & Laboratory5 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 12/16/59Winthrop Cemetery-Winthrop

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 18, 19597 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
Winthrop, Mass.
ADDRESS Received and filed JAN 11 1960 19

(Registrar of City or Town where deceased resided)

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 DEATHRegistered No. 226

{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

{(Was deceased a U. S. War Veteran, if so specify WAR) no}

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Arthur McElree
(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 1 Months 10 Days
If under 24 hours Hours Minutes13 Usual Occupation: Retired Factory Worker
(Kind of work done during most of working life)14 Industry or Business: 15 Social Security No. unknown16 BIRTHPLACE (City) Cambridge, Mass.
(State or country)17 NAME OF FATHER Herbert Hodgdon18 BIRTHPLACE OF FATHER (City) Unknown
(State or country)19 MAIDEN NAME OF MOTHER Bessie, m.n. unk.20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)21 Informant (Address) Mary E. Sheehan
Hathorne, Mass.

A TRUE COPY

ATTEST: Daniel J. Toomey
(Registrar of City or Town where death occurred)DATE FILED Dec. 21, 1959

RECEIVED



JAN 11 1960 AM

The Commonwealth of Massachusetts

JOSEPH D WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No.

227

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Charlotte (Kausch) Lenth
(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. 102 Winthrop Shore Drive
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 20 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 31 1959 to December 19 1959I last saw her alive on December 18 1959, death is said to
have occurred on the date stated above, at 12:25 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarction

INTERVAL
BETWEEN
ONSET AND
DEATH

7 wks

Due To (b) Hypertensive & Arteriosclerotic
heart disease

2 yrs

Due To (c) Generalized arteriosclerosis

5 yrs

OTHER SIGNIFICANT CONDITIONS (Cerebral embolism with left
hemiplegia & bleeding
peptic ulcer)

4 wks

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) M. Traunstein, Jr., M.D.

M. Traunstein, Jr., M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 73 Bartlett Rd. Date 12/19 1959

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 22 19597 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED Widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of C Henry Lenth

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

81 Years 5 Months 6 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Housewife

(Kind of work done during most of working life)

14 Industry

or Business: Own home

15 Social Security No.

010-09-9432

16 BIRTHPLACE (City)

East Boston

(State or country)

Mass

17 NAME OF

FATHER

August Rausch

18 BIRTHPLACE OF

FATHER (City)

(State or country) Germany

19 MAIDEN NAME

OF MOTHER

Louise Wohlschlegel

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Boston
Mass

PARENTS

21

Informant

(Address)

Muriel C Lenth

Winthrop

102 Winthrop Shore Drive

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)

✓

SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING.....
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

RECEIVED



DEC 21 1959 PM

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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. 228

No. Mayslower Nursing Home

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})

2 FULL NAME John PERONI
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

(a) Residence. No. 118 Bennington St.
(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 16 days. In place of residence ____ years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 20 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from
Nov. 5, 1958 to Dec. 20, 1959

I last saw him alive on Dec. 20, 1959, 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) Generalized Arteriosclerosis
ARTERIOSCLEROTIC Heart 22 yrs

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? NO
If so, specify

(Signed) John F. Pepi M. D.
821 Saratoga St., Boston 12/20/59
(Address) Date

6 St. Michael Cemetery Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 23, 1959

7 NAME OF FUNERAL DIRECTOR Anthony Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed DEC 22 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED or DIVORCED

10a If married, widowed, or divorced Maria Voltine
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Shoe worker
(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 Clement Peroni

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER not known

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

21 Informant Clement Peroni (son)
(Address) 118 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 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

DEC 22 1959 PM

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)

Wintthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

229

No.

Wintthrop Community Hosp

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

Frances Chardon

Fanning

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

54 Cliff Ave.,

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Dec. 22

1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

May 1950 to Dec. 22, 1959

I last saw him alive on Dec. 22, 1959, death is said to

have occurred on the date stated above, at 10:00 a.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 hr

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Infarction

Due To

(b) Myocardial Heart Disease

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 E. Gregorie

M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 195 Washington

Date 12-22-1959

Wintthrop

Wintthrop

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL December 26 1959

7 NAME OF

FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS

Wintthrop, 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

Phillip Chardon

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 65 Years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

Retired

(Kind of work done during most of working life)

14 Industry

or Business:

Social Worker

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF

FATHER

Francis A. Fanning

18 BIRTHPLACE OF

FATHER (City)

Chelsea

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Margaret E. Callahan

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass

21

Informant

(Address)

Mrs. Elizabeth Dodd

121 Highland Ave., Wintthrop

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

PLACE 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.....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

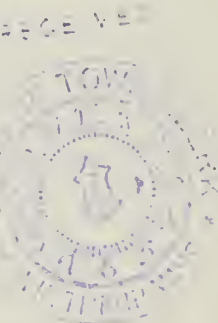
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.



DEC 23 1959 PM

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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 STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 230

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 NATHAN COHEN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) WW I(a) Residence. No. 6 CLINTON
(Usual place of abode)St. CAMBRIDGE
(If nonresident, give city or town and State)Length of stay: In place of death 2 years 15 months 15 days. In place of residence 15 years 15 months 15 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC. 22, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 19, 59, to Dec 22, 1959I last saw him alive on Dec 18, 1959, death is said to
have occurred on the date stated above, at 10:00 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Brain tumorDue To
(b)

7 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? operation5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) H. B. Greenfield, M. D.(Address) 447 SHIRLEY ST. WINTHROP Date 12/23/596 MT. LEBANON - W. ROXBURY
Place of Burial or Cremation (City or Town)DATE OF BURIAL DEC. 24, 19597 NAME OF FUNERAL DIRECTOR BENJAMIN BIRNBACH
ADDRESS 10 WASHINGTON ST. DOR.Received and filed DEC 23 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MALEWHITEMARRIEDWIDOWEDSINGLE

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 68 Years. Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: NEWSPAPER MAILER
(Kind of work done during most of working life)14 Industry
or Business:RETIRED

15 Social Security No.

NONE

16 BIRTHPLACE (City)

BOSTON, MASS.
(State or country)

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17 NAME OF FATHER

ABRAHAM COHEN

18 BIRTHPLACE OF

FATHER (City)

RUSSIA
(State or country)

19 MAIDEN NAME

OF MOTHER

LENA SHEDUSKY

20 BIRTHPLACE OF

MOTHER (City)

RUSSIA
(State or country)

21

Informant

(Address)

SAMUEL CORWIN
36 PERKINS 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 11/23/17 - BOSTON, MASS.
DATE OF DISCHARGE 4/29/19 - CAMP DEVENS, MASS.
RANK, RATING PRIVATE
ORGANIZATION AND OUTFIT BATTERY F. - 101ST FIELD ARTILLERY
SERVICE NUMBER 2309760
U.S. ARMY

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD
 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.

231

No. 18 Dolphin Avenue, Winthrop

{(If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME MINNIE GREENHOUSE

(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. 18 Dolphin Avenue, Winthrop
 (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 18 years. months. days. In place of residence. 18 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 23, 1959
 (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;
 Coronary occlusion.

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19.

IF ACCIDENTAL, was injury causally related to the death?

Where did
Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in
public place?

(Specify type of place)

Manner of
Injury

(How did injury occur?)

Nature of
Injury

While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A. Luongo, M.D.

Michael A. Luongo, M.D.

(Print or Type Signature)

(Address) BOSTON Date 12/23 59

Rabbi Isaac Elchonon Everett
 Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL December 24 59

8 NAME OF FUNERAL DIRECTOR Tori Funeral Service Inc

ADDRESS Chelsea Mass

Received and filed DEC 24 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR White 11 SINGLE MARRIED (write the word)
 WIDOWED
 or DIVORCED Widowed

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Isadore Greenhouse
 (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 80 Years. Months. Days If under 24 hours
 Hours. Minutes

14 Usual Occupation: Housewife
 (Kind of work done during most of working life)

15 Industry or Business: Own Home

16 Social Security No. None

17 BIRTHPLACE (City) (State or country) Russia

18 NAME OF FATHER (cbl) Lagoon

19 BIRTHPLACE OF FATHER (City) (State or country) Russia

20 MAIDEN NAME OF MOTHER C.B.L.

21 BIRTHPLACE OF MOTHER (City) (State or country) Russia

22 Goldie Greenhouse
 Informant 200 West 15th St N.Y. N.Y.
 (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)

If deceased was a U. S. War Veteran, (C.I.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

35M-11-59-92662

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 additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE
DATE OF DISCHARGE
RANK, RATING
ORGANIZATION AND OUTFIT
SERVICE NUMBER
.....

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

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 collision of railroad train and automobile." "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 for (enter name of operation and disease or condition requiring surgery)." "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.)"



The Commonwealth of Massachusetts

JOSEPH D. WARD
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. **4 Sagamore Avenue**

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME **Pellegrino Matarazzo**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
{(Was deceased a
U. S. War Veteran, **No**
if so specify WAR)

(a) Residence. No. **48 Everett** St. **East Boston**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. **45** years. **5** months. **5** days. In place of residence. **45** years. **5** months. **5** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Dec 24 1959**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
JULY 47, 19**47**, to **DEC 24**, 19**59**.
I last saw him alive on **DEC 23**, 19**59**, death is said to
have occurred on the date stated above, at **9 P. m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **CORONARY THROMBOSIS**

INTERVAL
BETWEEN
ONSET AND
DEATH
1 DAY

Due To (b) **HYPERTENSION** **10 YRS**

Due To (c) **ARTERIO SCLEROSIS** **10 YRS**

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) **Louis F. Salerno**, M. D.

LOUIS F. SALERNO
(PRINT OR TYPE SIGNATURE)

(Address) **44 SARATOGA ST. DEC 25 1959**

6 **St. Michael Boston**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Dec. 28, 1959**

7 NAME OF FUNERAL DIRECTOR **DiPietro & Vazza**
ADDRESS **11 Henry St, East Boston**

Received and filed **DEC 28 1959** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)
MARRIED **WIDOWED** **Widowed**
or **DIVORCED**

10a If married, widowed, or divorced **Isabella Vecchi**
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. **2** Months. **5** Days If under 24 hours
Hours. Minutes

13 Usual Occupation: **Candy Maker (Retired)**
(Kind of work done during most of working life)

14 Industry or Business: **Candy Factory**

15 Social Security No. **011-07-1062**

16 BIRTHPLACE (City) **Italy**
(State or country)

17 NAME OF FATHER **Domenico Matarazzo**

18 BIRTHPLACE OF FATHER (City) **Italy**
(State or country)

19 MAIDEN NAME OF MOTHER **Carmela DeAngelis**

20 BIRTHPLACE OF MOTHER (City) **Italy**
(State or country)

21 Informant **Domenica Matarazzo**
(Address) **48 Everett 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)

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SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....



RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

The Commonwealth of Massachusetts

JOSEPH D. WARD
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.

233

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

PHYSICIAN — IMPORTANT

2 FULL NAME Elizabeth T. Hollihan

{(If deceased is a married, widowed or divorced woman, give also maiden name.)}

{(Was deceased a
U. S. War Veteran,
if so specify WAR)}

(a) Residence. No. 135 Grover Ave.,
(Usual place of abode)

St.

{(If nonresident, give city or town and State)}

Length of stay: In place of death.....years.....months 14.....days. In place of residence 30.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 25 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec 1, 1959, to Dec 25, 1959

I last saw him alive on Dec 24, 1959, death is said to
have occurred on the date stated above, at 10 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH
12 hr

Due To Chronic Myocarditis
(b) 3 yrs

Due To Hypertension
(c) 3 yrs

OTHER SIGNIFICANT CONDITIONS Edema of extremities

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) George H. Schiraff, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 17 Park Street, Boston Date 12/25/59

6 St. Pauls Boston Arlington

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 29 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass.

Received and filed DEC 28 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWER or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of John D. Hollihan (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 64 AGE.....Years.....Months.....Days If under 24 hours
Hours.....Minutes

13 Usual Occupation: Secretary
(Kind of work done during most of working life)

14 Industry or Business: Law

15 Social Security No.

16 BIRTHPLACE (City) Cambridge
(State or country) Mass

17 NAME OF FATHER John E. Kirby

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Cahalane

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 John D. Hollihan
Informant (Address) 135 Grover Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 12/28/59

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....



DEC 28 1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

NORFOLK

The Commonwealth of Massachusetts

BROOKLINE

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

PLACE OF DEATH

BROOKLINE

(City or Town)

34 Francis Street

No.

Cora P. Howe (Smith)

COPY OF
CERTIFICATE OF DEATH

Registered No. 234

(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.)

278 Main Street

(Was deceased a U. S. War Veteran, if so specify WAR) no
Winthrop, Massachusetts

(a) Residence, No. (Usual place of abode)

15

50

(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

29

1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from December 14 59 to December 29 59

1 last saw h.....alive on December 24 59 death is said to

have occurred on the date stated above, at 9:08 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

3 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

Carcinomatosis

(a)

Due To Carcinoma of Pancreas

(b)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

no

Was autopsy performed? biopsy

What test confirmed diagnosis? no

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Robert E. Brownlee

M. D.

(Address)

1180 Beacon St.

Date 12-29 59

Winthrop Cemetery, Winthrop, Massachusetts

6

Place of Burial or Cremation

January 2 (City or Town)

60

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

Winthrop, Massachusetts

ADDRESS

Received and filed

JAN 11 1960

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)
William A. Howe

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

86

5

12

If under 24 hours

AGE.....Years.....Months.....Days

.....Hours.....Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

OWN HOME

none

15 Social Security No.

Concord

16 BIRTHPLACE (City)

(State or country)

Massachusetts

17 NAME OF

FATHER

Benjamin F. Smith

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Massachusetts

19 MAIDEN NAME

OF MOTHER

Ellen E. Cheney

20 BIRTHPLACE OF

MOTHER (City)

Grafton

(State or country)

Massachusetts

21

Informant

(Address)

Thomas E. Key

15 Johnson Ave., Winthrop, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

December 31,

19 59

V.P. V

JAN 11 1960

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

.....

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)Winthrop, Mass.
(City or Town)

No. 16 Moore Street

STANDARD
CERTIFICATE OF DEATH

Registered No. 235

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Mary Bertha (Besom) Geppert
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 16 Moore Street
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 48 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 30, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 22, 1953, to Dec. 30, 1959.I last saw her alive on Dec. 29, 1959, death is said to
have occurred on the date stated above, at 11 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive and arteriosclerotic
heart disease
Generalized
Due To Arteriosclerosis
(b)INTERVAL
BETWEEN
ONSET AND
DEATH

6 yrs.

Due To Hypertrophic arthritis
(c)

8 yrs.

5 years

OTHER
SIGNIFICANT
CONDITIONSWas 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. Traunstein, Jr., M. D.

M. Traunstein, Jr., M. D.

(Address) 73 Bartlett Rd. Date Dec. 30, 1959

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 2, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed DEC 31 1959

(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 Edward Francis Geppert
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 2 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 033-16-6585-B.

16 BIRTHPLACE (City) Newport
(State or country) Pennsylvania

17 NAME OF FATHER Samuel Besom

18 BIRTHPLACE OF FATHER (City) Perry County
(State or country) Pennsylvania

19 MAIDEN NAME OF MOTHER Mary VanNewkirk

20 BIRTHPLACE OF MOTHER (City) Perry County
(State or country) PennsylvaniaInformant Miss Pamela V. Besom
(Address) 16 Moore 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)

R-301A

CTIONS
OR
CERTIFICATEiving
F DEATHenter
than one
or each
b) and (c)s not mean
of dying,
part failure,
c. It means
or compli-
cated causeds, if any,
we rise to
use (a),
he under-
use last.ons contrib-
ath but not
he terminal
ition givenchapter 137,
4, requires
to print or
cause or
death on
ificates, and
8, Acts of
ires Physi-
int or type
signature.

59-925686

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

DEC 31 1953 PM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 has been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

The Commonwealth of Massachusetts

OUT - OF - TOWN

236

Suffolk

(County)

Boston

(City or Town)

JOSEPH D. WARD
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.

08525

No. Veterans Administration 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) **WM I**

2 FULL NAME William E. OSBORNE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 102 Barnes 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 1 months 3 days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 5 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
August 2 1959 to September 5 1959death is said to
have occurred on the date stated above, at 7:45 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of lung

INTERVAL
BETWEEN
ONSET AND
DEATH
3 yrsDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Lt Pneumonectomy 19565 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed)

MICHAEL LEISS

(PRINT OR TYPE SIGNATURE)

(Address) VA Hospital, Boston Date Sept. 5 1959

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 9 1959

7 NAME OF FUNERAL DIRECTOR Arthur S. Forocolla

ADDRESS 876 Winthrop St., Revere, Mass.

Received and filed

SEP 10 1959

(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 A. Pozzuoli

(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 2 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation: Drawtender
(Kind of work done during most of working life)

14 Industry or Business: Cnhi

15 Social Security No. 012-20-3531

16 BIRTHPLACE (City)
(State or country) Ireland

17 NAME OF FATHER

John Osborne

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER

Annie Mae Tiernan

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant VA Hospital Records
(Address) 150 So. Huntington Ave., 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)

IN giving
E OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)does not mean
mode of dying,
as heart failure,
a, etc. It means
cause, or compli-
which causedditions, if any,
h gave rise to
e cause (a),
ing the under-
cause lastconditions contrib-
to death but not
to the terminal
condition givenChapter 137,
of 1954, requires
physicians to print or
the cause or
of death on
certificates, and
er 48, Acta of
requires Physi-
to print or type
under signature

18 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 1 3 1899

OR TYPE THE CAUSE OR CAUSES OF DEATH ON DEATH CERTIFICATES.
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 additional information. See also Chap. 38, § 6, 20; Chap. 16, § 9, 10; Chap. 114, § 44-48.
If deceased was a U. S. War Veteran, U. S. L. Chap. 36, Section 10, requires physicians to insert a recital to that effect.

FORM R-303 A

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S

CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its Agent.

237

Registered No.

18783

No. Massachusetts General Hospital (If death occurred in a hospital or institution,
St. (give its NAME, instead of street and number)

2 FULL NAME CARRIE SMALLEY
(If deceased is a married, widowed or divorced woman, give also maiden name)

811 Shirley Street

Winthrop

(a) Residence No. 811 Shirley Street St. Winthrop
(Usual place of abode)

(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 40 years 40 months 40 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 13, 1959
(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 femur. Pulmonary embolism.

5 Accident, suicide, or homicide (Specify) Accident
Date and hour of injury 8/31 59

If ACCIDENTAL, was injury causally related to the death?

Where did injury occur Winthrop, Mass.
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place Home

Manner of injury Fall to floor from couch.
(Specify type of place)

Name of injury Fracture of femur.
(How did injury occur?)

While at work No Was autopsy performed?

6 Was there any injury in any way related to the death of deceased?

If so, (Signature) Michael A. Luongo, M.D.
(Print or Type Signature)

(Address) Boston Date 9/14 59

7 Norfolk Cemetery Norfolk Mass
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL September 16 59

8 NAME OF GENERAL DIRECTOR Arthur J. O'Maley
Winthrop Mass

ADDRESS Charles A. Mackie

Received and filed Charles A. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR White 11 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

11a If married, widowed, or divorced
HUSBAND of Fred Smalley
(Give maiden name of wife in full)
(or) WIFE of Fred Smalley
(Husband's name in full)

12 IF STILLBORN, enter that fact here

13 AGE 81 Years 81 Months 81 Days 81 If under 24 hours Hour 81 Minutes 81

14 Usual Occupation Housewife
(Kind of work done during most of working life)

15 Industry or Business Own Home

16 Social Security No. Boston

17 BIRTHPLACE (City) Mass
(State or country)

18 NAME OF FATHER Melitius Jackson

19 BIRTHPLACE OF FATHER (City) Belfast
(State or country) Maine

20 MAIDEN NAME OF MOTHER Phoebe Jane Draper

21 BIRTHPLACE OF MOTHER (City) Old Town
(State or country) Maine

22 Informant Fred Smalley
(Address) 811 Shirley St., Winthrop

I 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) Charles A. Mackie
(Official Designation) Registrar (Date of Issue of Permit) 9/16/59

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 1 1967

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

OUT - OF - TOWN

 To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 08837

MASSACHUSETTS GENERAL HOSPITAL

No. Henry

 (If death occurred in a hospital or institution,
 St. give its NAME instead of street and number)

2 FULL NAME JOHN SEARS

(JOHN HENRY SEARS)

PHYSICIAN — IMPORTANT

(If deceased is a married, widowed or divorced woman, give also maiden name)

 (Was deceased a
 U. S. War Veteran,
 or Spec. WAR)

24 Orlando Ave.

Winthrop, Mass.

 (a) Residence, No.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence 46 years months days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH September 15, 1959
 (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 ap. many was involved, state fully.)

 Intracranial hemorrhages, including
 intracerebral, subdural and
 epidural hemorrhages.

5 Accident, suicide, or homicide (specify)

date and hour of injury

To

IF ACCIDENTAL, was injury causally related to the death?

 Where did
 injury occur

(City or town and State)

 Did injury occur in or about home, on farm, in industrial place, or in
 public place?

(Specify type of place)

Manner of Collapsed in MTA Station

Injury

 How did injury occur?
 Name of September 10, 1959.

Injury

While at work

Was autopsy performed

Yes

6 Was disease or injury in any way related to condition of deceased?

If so, specify

(Signed)

Michael A. Luongo, M.D.

(Print or Type Signature)

(Address) Boston

Date 9/15 59

Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL September 27, 1959

NAME OF

FUNERAL DIRECTOR

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed

SEP 18 1959

Charles H. Mackie

(Receiver)

PERSONAL AND STATISTICAL PARTICULARS

 9 SEX Male 10 COLOR White 11 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Married

 12a If married, give name of deceased
 HUSBAND of Elizabeth Ellsworth Stone
 (Give maiden name of wife in full)

(or) WIFE of

(Husband - name in full)

12 IF STILL BORN, enter that fact here

 13 AGE 46 Years 4 Months 18 Days 14 Under 24 hours
 Hour Minute

14 Usual

Occupation

Bank Clerk

(Kind of work done during most of working life)

15 Industry
or Business

Commercial Bank

16 Social Security No. 020-14-4089

17 BIRTHPLACE (City)
(State or country)Salem
Massachusetts18 NAME OF
FATHER

John Sears

19 BIRTHPLACE OF
FATHER (City)

Danvers

(State or country)

Massachusetts

20 MAIDEN NAME
OF MOTHER

Laura Belle Wood

21 BIRTHPLACE OF
MOTHER (City)Baltimore
Maryland

(State or country)

22 Interment Mrs. John H. Sears

(Address) 24 Orlando Ave. Winthrop

I HEREBY CERTIFY that a statement, standard certificate of death
 filed with me BEFORE the burial or disposition permit was issued
 (Signature of Agent of Board of Health or other)
 +330 9-17-59

 (Official Designation)
 (Date of Issue of Permit)

V.B. V

 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 additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114,
 §§ 44-46.
 If deceased was a U. S. War Veteran, G. L. Chap. 16, Section 1 requires physicians to insert a recital to that effect.
 25M-4-24-92, et al.

18 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



JAN 18 1960

MR-201A

THIS IS A
NENT RECORD.
se only

APPROVED

ink or black
rifer ribbon.INSTRUCTIONS
FOR
L CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
of dying,
heart failure,
etc. If means
ie, no compli-
which causedons, if any,
gave rise to
cause (a).
the under-
cause lastditions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
be cause or
of death on
certificates.

MAP. 46 199 &

MAP. 114 145.

MAP. 38 6.)

18 1960

The Commonwealth of Massachusetts

OUT - OF - TOWN

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

089270

Suffolk

(County)

Boston

(City or Town)

STANDARD
CERTIFICATE OF DEATH

No. The Children's Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Baby Girl Carbone
(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. 59 Shirley St.
(Usual place of abode) 6hrs45 minSt. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 19, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 19, 1959 to Sept 19, 1959I last saw her alive on Sept 19, 1959, death is said to
have occurred on the date stated above, 8:35 p. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ERYTHROBLASTOSIS
FETALISDue 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? No.
If so, specify

(Signed)

(Address)

Joseph W. London
30 Longwood Ave. 9-19-59
Date6 Winthrop Cemetery Winthrop
(City or Town)

DATE OF BURIAL September 21, 1959

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. Boston, Mass.
SEP 23 1959

Received and filed 19

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

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 Years Months Days

If under 24 hours

6 Hours 42 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)

(State or country)

Winthrop, Mass.

17 NAME OF

FATHER

Gaetano Carbone

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Boston, Mass.

19 MAIDEN NAME

OF MOTHER

Anna Rose Oliva

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston, Mass.

21

Informant Gaetano Carbone (father)

(Address) 59 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)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 1 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.)

R-302

PHOTOCOPY REFERRING TO VITAL EVENT INVOLVING RESIDENT OF YOUR STATE IN MINNESOTA.

PLACE OF DEATH

MINNESOTA DEPARTMENT OF HEALTH

Section of Vital Statistics

CERTIFICATE OF DEATH

21078

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Cass		2. USUAL RESIDENCE a. STATE Mass. b. COUNTY Suffolk	
3. NAME OF DECEASED (Type or Print) Raymond John Scott		4. DATE OF DEATH Sept. 20, 1959	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED ☒ NEVER MARRIED ☐		8. DATE OF BIRTH Sept. 2, 1906	
9. AGE (in years if under 1 year; under 24 hrs. last birthday) 53		10. AGE (in years if under 1 year; under 24 hrs. last birthday) 53	
11. BIRTH PLACE (State or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John. Scott		14. MOTHER'S NAME Hannah Alexander Phyllis Scott.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 342-97-5445	
17. INFORMANT'S OWN SIGNATURE Phyllis Scott		18. ADDRESS Winthrop	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Heart Hypertension Covered by Act 10 years		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY): 19b. MAJOR FINDINGS OF OBSCURATION		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
21. TIME OF INJURY Hour 9:30 Day Sept 20 Year 1959		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Winthrop	
23. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK		24. CITY, VILLAGE OR TOWNSHIP Winthrop	
25. PLACE OF DEATH Winthrop		26. COUNTY Suffolk	
27. STATE Mass.		28. LOCATION (City, village or county) Winthrop	
29. DATE OF DEATH Sept 20, 1959		30. NAME OF CEMETERY OR CREMATORY Lake Wood Cemetery	
31. CITY, VILLAGE OR TOWNSHIP Winthrop		32. STATE Mass.	
33. SIGNATURE Phyllis Scott		34. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR Edith M. Thomas	
35. REGISTER'S SIGNATURE Anna R. R. R.		36. LOCAL REG. 22, 1959	

MEDICAL CERTIFICATION

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Winthrop

(City or Town making this return)

CASS

(County)

Unorganized #4

(City or Town)

Minnesota

No.

COPY OF
CERTIFICATE OF DEATH

Registered No.

240

(Sept. 20, 1959)

2 FULL NAME

RAYMOND JOHN SCOTT

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR) No

FEB 2 - 1960



OUT - OF - TOWN
241

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.

09212

Suffolk

(County)

~~XXXXXXXXXX~~

Boston

(City or Town)



No. FAULKNER HOSPITAL

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)}

2 FULL NAME PASQUALE SCARPULLA

(If deceased 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. 120 HERMAN STREET.

(Usual place of abode)

St. WINTHROP, MASS.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPTEMBER 25 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
12 SEPTEMBER 59 25 SEPTEMBER 19 59
I last saw M alive on 25 SEPTEMBER 19 59, death is said to

have occurred on the date stated above, at 7:05 PM

INTERVAL
BETWEEN
ONSET AND
DEATH

10d.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hepatic coma

Due To (b) Severe liver cirrhosis

YRS.

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) Frederick Beerel, M. D.
(Address) Faulkner Hospital Date 9/26 19 596 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sept. 29 1959 197 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St Winthrop
Received and filed SEP 30 1959

Charles A. Mackie 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 Maria Micciolo
(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 8 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Machinist
(Kind of work done during most of working life)

14 Industry or Business: Retired Mill Worker

15 Social Security No. 024-07-2124

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Charles Scarpulla

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Santa Madonna

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant: Grace Harper
(Address) 120 Hermon St Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

4673
(Official Designation)09/28/59
(Date of Issue of Permit)

R-301A

INSTRUCTIONS
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to the terminal
condition givenChapter 137,
of 1954, requires
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the cause or
of death on
certificates.

19 1960

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JAN 19 1969 NY

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

THIS IS A
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STRUCTIONS
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Chapter 137,
of 1954, requires
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certificates.

HAP. 46 39 &
HAP. 114 44, 5,
CHAP. 38 & 6.)

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LACK Ink.

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No.

MASSACHUSETTS GENERAL HOSPITAL

2 FULL NAME James Gallagher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 210 Main
(Usual place of abode)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay. In place of death years months 6 days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 26, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from
Sept. 20, 1959 to Sept. 26, 1959
I last saw him alive on Sept. 26, 1959, death is said to
have occurred on the date stated above, at 5:20 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Rupture of heart with
cardiac tamponade

Due To Acute myocardial infarction
(b)

Due To Coronary heart disease
(c)

OTHER SIGNIFICANT CONDITIONS Arteriolelur nephrosclerosis

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 Chilley

(Signed) Charles L. Cloy, M.D., M. D.
(Address) Ass't Dir., Mass. Gen'l Hosp. Date 19

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 29 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed SEP 30 1959
Charles A. Mackie 19
(Registrar)

JAN 19 1960



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran, W/41
if so specify WAR)

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 Catherine L. Sheerin
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Retired Police Officer
(Kind of work done during most of working life)

14 Industry or Business: Police

15 Social Security No. 023-24-5305

16 BIRTHPLACE (City) Charlestown
(State or country) Mass

17 NAME OF FATHER James Gallagher

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Agnes Murray

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass

21 Informant Catherine L. Gallagher
(Address) 210 Main 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 (other)
W. J. Kane
4669 9/28/59
(Official Designation) (Date of Issue of Permit)

OUT - OF - TOWN

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

7-5-18-1888

JAN 1 9 1888 AM

OUT - OF - TOWN

MR-301A

PLACE OF DEATH

SUFFOLK

(County)

ROXBURY

(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. 09421

No. JEWISH MEMORIAL HOSPITAL

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME HERMAN BEIN

(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. 36 SARGENT ST., WINTHROP

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 5 months 2 days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER 3, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
SEPTEMBER 1, 1959, to OCTOBER 3, 1959
I last saw him alive on OCTOBER 3, 1959, death is said to
have occurred on the date stated above, at 7:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial Infarction

INTERVAL
BETWEEN
ONSET AND
DEATH

minutes

Due To (b) Hypertensive Cardio-vascular
Disease

YES.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Basilar Artery Thrombosis &
Rt. Hemiparesis

4-26-59

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 Priscilla R. Santos M.D.

(Signed) Priscilla R. Santos, M.D.

(Address) JEWISH MEMORIAL HOSPITAL Date OCTOBER 3, 1959

6 Chel Jacob Woburn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 5, 1959

7 NAME OF FUNERAL DIRECTOR Arnold Golov
ADDRESS 1668 Beacon St. Brookline

Received and filed Charles A. Ingle

JAN 19 1960

OCT - 6 1959
(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 Nora Reifel
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 6 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: Self Employed

15 Social Security No.

16 BIRTHPLACE (City) Austria
(State or country)

17 NAME OF FATHER Moses Bein

18 BIRTHPLACE OF FATHER (City) Austria
(State or country)

19 MAIDEN NAME OF MOTHER Charlotte C. B. L.

20 BIRTHPLACE OF MOTHER (City) Austria
(State or country)21 Informant Nora Bein (Wife)
(Address) 36 Sargent St. WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

4-710
(Official Designation)18-5-59
(Date of Issue of Permit)INSTRUCTIONS
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50M-1-58-921976

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 13 1899 AM

MR-301A

THIS IS A
NMENT. RECORD.
Use only

E APPROVED
ink or black
writer ribbon.

INSTRUCTIONS
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AP. 114 345,
HAP 3836.)

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010-58-923886

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

19496

Registered No.

No.

MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME ALBERT GORDON

(If deceased 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. 273 SHIRLEY STREET

(Usual place of abode)

St. WINTHROP, MASS.

(If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence years months 2 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER 6 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That attended deceased from Oct. 5, 1959, to Oct. 6, 1959.

Last saw him alive on Oct. 6, 1959, death is said to

have occurred on the date stated above, at 4:25 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH
1 dy

Due To (b) Cerebral arteriosclerosis

3 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Hypertension Diabetes mellitus

10+ yrs. 4 yrs.

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

Charles L. Clay, M.D.

M. D.

(Address) Ass't Dir., Mass. Gen'l Hosp.

Date 10/6/ 1959

6 Mt. Lebanon, W. Roxbury

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 7, 1959

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St. Dorchester

Received and

OCT - 8 1959

Charles H. Mackin

(Registered)

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 Esther Hoffman

(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 Minute

13 Usual

Occupation:

Sheet Metal Worker

(Kind of work done during most of working life)

14 Industry

or Business:

Retired

15 Social Security No. 034-01-7114

16 BIRTHPLACE (City) Poland

(State or country)

17 NAME OF

FATHER

Jacob Gordon

18 BIRTHPLACE OF

FATHER (City)

Poland

(State or country)

19 MAIDEN NAME

OF MOTHER

Rebecca Lemnard

20 BIRTHPLACE OF

MOTHER (City)

Poland

(State or country)

21

Informant

(Address)

Esther Gordon

273 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Norma F. MacDonell

(Signature of Agent of Board of Health or other)

4802

10-7-59

(Official Designation)

(Date of Issue of Permit)

JAN 19 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 23 1877

The Commonwealth of Massachusetts

OUT - OF - TOWN

Suffolk
(County)Boston
(City or Town)JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
its Agent.

Registered No. 09557

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas FRANCIS HAYES

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, WW2
if so specify WAR)(a) Residence No. 34 Pico Avenue
(Usual place of abode)

xx Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay In place of death years months 22 days In place of residence life years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 7 1959
(Month) (Day) (Year)I HEREBY CERTIFY, That VA attended deceased from
September 15, 1959, to October 7, 1959.death is said to
have occurred on the date stated above, at 4:30 P.m.INTERVAL
BETWEEN
ONSET AND
DEATH

1 yr

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of the lung with
mediastinal metastasis.Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Clinical & Laboratory5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Michael Meliss M. D.

MICHAEL MELISS

(PRINT OR TYPE SIGNATURE)

(Address) VAH Boston, Mass. Date Oct. 7 1959

6 South Parsonsfield, Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 10 1959

7 NAME OF FUNERAL DIRECTOR O'Maley Funeral Home
ADDRESS 79 Atlantic St., Winthrop, Mass.Received by Charles H. Mackin 19

OCT 13 1959

(Registrar)

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 Kathryn Walton
(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 3 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation Civil Engineer
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. 031 22 0810

16 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

17 NAME OF FATHER Thomas J.

18 BIRTHPLACE OF FATHER (City) New York
(State or country) New York

19 MAIDEN NAME OF MOTHER Mary Burke

20 BIRTHPLACE OF MOTHER (City) Middletown
(State or country) Connecticut21 Informant Hospital Records
(Address) 150 S. Huntington Ave., 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)
4836 18-9-59
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

R-301A

DUPLICATIONS
FOR
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A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

JAN 20 1900

OUT - OF - TOWN

M R-307A

THIS IS A
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CAP 114 45.

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O-56-923666

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No.

MASSACHUSETTS GENERAL HOSPITAL

2 FULL NAME **RAYMOND CIOFFI**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No **11 CHESTER 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 **4** days. In place of residence **40** years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **OCTOBER 15 1959**
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
Oct. 11, 19 59 to Oct. 15, 19 59I last saw him alive on **Oct. 15, 19 59**, death is said to
have occurred on the date stated above, at **2:26P m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **BLEEDING ESOPHAGEAL
VARICES**Due To **CIRRHOSIS OF THE
LIVER**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 L. Cloy, M.D.
(Address) **Ass't Dir., Mass. Gen'l Hosp.** Date **10/15/19 59**6 **Winthrop Winthrop**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **October 19 19 58**7 NAME OF FUNERAL DIRECTOR **Arthur J. O'Maley**
ADDRESS **Winthrop Mass**

Received and filed

Charles A. M... 1959
(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. **195842**(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
or **WIDOWED** or **DIVORCED**10a If married, widowed, or divorced
HUSBAND of **Olive Solari**
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **54** Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: **Salesman**
(Kind of work done during most of working life)14 Industry or Business: **Grocery**

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) **Italy**17 NAME OF FATHER **Carlo Cioffi**18 BIRTHPLACE OF FATHER (City)
(State or country) **Italy**19 MAIDEN NAME OF MOTHER **Maria D. Martini**20 BIRTHPLACE OF MOTHER (City)
(State or country) **Italy**21 Informant **Olive Cioffi**
(Address) **11 Chester Ave Winthrop**I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:**William J. ...**
(Signature of Agent of Board of Health or other)**22352 10-17-59**
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Recorder

RECEIVED



JAN 20 1960 AM

MR-301A

-THIS IS A
MENT RECORD.
only
APPROVED

ink or black
writer ribbon.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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(b) and (c)

does not mean
of dying,
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etc. It means
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condition given

Chapter 137,
1954, requires
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al Director:
use use only
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0-50-923008

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No.

MASSACHUSETTS GENERAL HOSPITAL

2 FULL NAME Lena Guttel
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No 7 Elmwood Court
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay. In place of death years months 23 days. In place of residence 9 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 17 59
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from
Sept. 24 1959 to Oct. 17 1959
I last saw her live on Oct. 17 1959. death is said to

have occurred on the date stated above, at 9 A.M. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

Due To Carcinomatosis
(b)

Due To Carcinoma of Ovary
(c)

OTHER SIGNIFICANT CONDITIONS Enterov-vesical-vaginal fistula

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. Cloy, M. D.
Charles L. Cloy, M.D.
(Address) Asst. Dir., Mass. Gen'l Hosp. Date 10/16 1959

6 Sharon Mem Park Sharon Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 18 1959

7 NAME OF FUNERAL DIRECTOR Henry Levine
ADDRESS 470 Harvard St. Brookline Mass.

Received and filed Oct 20 1959 19

Charles H. Inackis

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 1959

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

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 Louis D. Guttel

(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: At Home

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Julian Yorke

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 Louis D. Guttel
(Address) 7 Elmwood Ct. 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)

OUT - OF TOWN 9807

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JAN 24 10 59 AM

1 R-301A

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FOR
E. CERTIFICATEgiving
OF DEATHnot enter
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for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
or compli-
which caused

-34.4

ur, if any,
give rise to
cause (a)
the under-
cause lastions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
to print or
cause of
death on
ificates.

AP. 46 319 &

AP 114 345.

12 28 1960

al Director:

e use only

BACK Ink.

MO-88-823888

SUFFOLK

(County)

BOSTON

(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.

10014

MASSACHUSETTS GENERAL HOSPITAL

No.

Maryanna

(If death occurred in a hospital or institution,
State give its NAME instead of street and number)2 FULL NAME DOROTHY CORKUM (Hill) (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)(a) Residence, No. 586 Shirley St.
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 4 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 20 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
October 10, 1959 to October 20, 1959
I last saw her alive on October 20, 1959. death is said to
have occurred on the date stated above, at 10:30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) pulmonary edema

INTERVAL
BETWEEN
ONSET AND
DEATH

1 year

Due To (b) idiopathic cardiomegaly
idiopathic cardiomegaly 1 year

Due To (c)

OTHER SIGNIFICANT CONDITIONS pulmonary emboli,
small 1 year

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 L. Clay, M.D.

(Address) Ass't Dir., Mass. Gen'l Hosp. Date Oct. 21 1959

6 Winthrop Cemetery Winthrop, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 24, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received by Charles H. Macabee 19

OCT 28 1959

(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 Lindsey Arthur Corkhum
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 7 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 012-16-3778-B2

16 BIRTHPLACE (City) New York City
(State or country) New York

17 NAME OF FATHER Frank Arthur Hill

18 BIRTHPLACE OF FATHER (City) New York
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Ella Louise Lewis

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country) Nova Scotia21 Informant Lindsey A. Corkhum
(Address) 586 Shirley St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transfer permit was issued:Marina MacDougal
(Signature of Agent of Health or other)5045
(Official Designation)10-25-59
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



JAN 22 1900 PM

The Commonwealth of Massachusetts

JOSEPH D. WARD
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.

10245

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Beth Israel 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)

no

2 FULL NAME

Baby Girl Tallini

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No.

70 Floyd St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Winthrop Mass.

Length of stay In place of death

years

months

days

16 hrs 55 min

In place of residence

years

months

days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

10 / 31 / 59

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

1:30 PM 10/31/59 to 8:45 PM 10/31/59

I last saw her alive on 8:45 PM 10/31/59, death is said to

have occurred on the date stated above, at 8:45 P. M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Prematurity

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. Anne Hughes

M. D.

(PRINT OR TYPE SIGNATURE)

(Address)

Beth Israel Hospital 10/1/59

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Nov. 2.

1959

7 NAME OF

FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed

NOV - 3 1959

19

Charles A. Inacka 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

Years

Months

Days

If under 24 hours

6 Hours

55 Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

Boston Mass

(State or country)

17 NAME OF

FATHER

Roger Tallini

18 BIRTHPLACE OF

FATHER (City)

Arlington

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Verna Paci

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

21

Informant

Roger Tallini

(Address)

70 Floyd St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or visit permit was issued:

Jacqueline Casey

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE1. Giving
OF DEATH2. Not enter
more than one
cause for each
(a), (b) and (c)3. Does not mean
of dying,
heart failure,
etc. It means
cause, or compli-
cation which caused4. Conditions, if any,
which gave rise to
the cause (a),
the under-
lying cause last.5. Conditions contrib-
uting to death but not
the terminal
condition given6. Chapter 137
of 1954, requires
that the cause or
the cause of death on
the certificate, and
the 48, Acts of
the Legislature re-
quires Physi-
cian to print or type
his signature

JAN 22 1960

0-6-59-923686

A TRUE COPY ATTEST:

Charles H. Franklin

City Recorder



JAN 22 1980 PM

MR-301A

THIS IS A
NENT RECORD.
se only

APPROVED
ink or black
writer ribbon.

INSTRUCTIONS
FOR
L CERTIFICATE

a giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
de or dying,
heart failure,
etc. It means
one or compli-
which caused

asons, if any,
gave rise to
cause (a),
the under-
cause last

ditions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ins to print or
the cause or
of death on
certificates.

MAP. 46. 99 9 &
CAP. 114. 54 5.

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22 1960
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ese use only
BLACK Ink.

010-88-923088

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No.

MASSACHUSETTS GENERAL HOSPITAL

2 FULL NAME **JOAQUIN FERREIRA Ferreira**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **215 Woodside Ave.**
(Usual place of abode) **3 weeks**

St. **Winthrop, Mass.**
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence **30** years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **November 12, 1959**
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Oct. 27, 1959, to Nov. 12, 1959
I last saw him alive on **Nov. 12, 1959**, death is said to
have occurred on the date stated above, at **11:55Am.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Laryngo-tracheo-bronchitis**INTERVAL
BETWEEN
ONSET AND
DEATH**ant days**Due To
(b) -Due To
(c)OTHER
SIGNIFICANT
CONDITIONS**Acute pyelonephritis**

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 L. Cloy, M.D.(Address) **Ass't Dir., Mass. Gen'l Hosp.** Date **11/12/ 1959**6 **New Calvary Cemetery, Boston**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **November 14th 1959**

7 NAME OF FUNERAL DIRECTOR **Richard C. Kirby, Inc.**
ADDRESS **917 Bennington St., E. Boston**

Received of **Charles H. Mackie** 19
NOV 16 1959 (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. **10717**

(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
or DIVORCED **Widowed**

10a If married, widowed, or divorced,
HUSBAND of **Mary M. Furtado**
(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** Years Months Days
If under 24 hours
Hours Minutes

13 Usual Occupation: **Proprietor**
(Kind of work done during most of working life)

14 Industry or Business: **Tavern**

15 Social Security No. **No**

16 BIRTHPLACE (City) **Cambridge**
(State or country) **Mass.**

17 NAME OF FATHER **Joaquin Ferreira**

18 BIRTHPLACE OF FATHER (City) **Portugal**
(State or country)

19 MAIDEN NAME OF MOTHER **Rita A. Rodrigues**

20 BIRTHPLACE OF MOTHER (City) **Portugal**
(State or country)

21 Informant **Henry J. Bush-nephew**
(Address) **45 Ingrid Rd., Weymouth**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transfer permit was issued:

Joaquim Ferreira
(Signature of Agent of Board of Health or other)
53210 **Nov. 13, 1959**
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 22 1900

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 10716

MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number))

2 FULL NAME ANNIE L. VASCONCELLOS (Ratti)

(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. 62 Sargent Street

(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 14 days. In place of residence 8 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 12, 1959

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Myocardial infarction following
fracture of femur.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury

10/1 59

IF ACCIDENTAL, was injury causally related to the death?

Where did

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 Fall to floor

Injury

(How did injury occur?)

Nature of Fracture of femur.

Injury

While at work?

Was autopsy performed?

No

6 Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

Michael A. Luongo, M.D.

(Print or Type Signature)

Boston

(Address)

11/12 59

Holy Cross Cemetery, Malden

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL November 16th 59

8 NAME OF RICHARD C. KIRBY, INC.

ADDRESS 917 BENNINGTON ST. & BOSTON

Received and filed NOV 16 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR

11 SINGLE

(write the word)

Female

White

MARRIED

WIDOWED

Widowed

11a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Francis C. Vasconcellos

(Husband's name in full)

12 IF STILLBORN, enter that fact here

13 AGE

83 Years

2 Months

18 Days

If under 24 hours

Hour

Minutes

14 Usual Occupation:

Housewife

(Kind of work done during most of working life)

15 Industry or Business:

At home

16 Social Security No.

033-16-9492 A

17 BIRTHPLACE (City)

Boston

(State or country)

Mass.

18 NAME OF FATHER

Augustus Ratti

19 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

20 MAIDEN NAME OF MOTHER

Mary J. Cavagnaro

21 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston

Mass.

22 Informant (Address)

Anthony J. Vasconcellos-son

6 Upham St., W. Peabody, Mass

I 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)

532.2

(Official Designation)

Nov 13, 1959

(Date of Issue of Permit)

1. B. - WRITE PLAINLY, WITH UNFOLDING. THIS IS A PERMANENT RECORD. EVERY ITEM OF MEDICAL 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 additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-46.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physician to insert a recital to that effect.

25M-3-59-924034

2 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 22 1960 PM

R-301A

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etc. It means
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cause or
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ificates.

AP. 46 389 &

AP 114 345.

AP 22 1960

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e use only

BACK Ink.

O-58-823888

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

MASSACHUSETTS GENERAL HOSPITAL

No. (Allen)

2 FULL NAME HELEN ATWOOD

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 46 Washington Ave.
(Usual place of abode)

St. Winthrop, Mass.

12 (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.

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 10840

(If death occurred in a hospital or institution,
State give its NAME instead of street and number)PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 16, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 15, 1959 to Nov. 16, 1959
I last saw her live on Nov. 16, 1959. death is said to
have occurred on the date stated above, at 1:35 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia,
bilateralINTERVAL
BETWEEN
ONSET AND
DEATH

2 days

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 L. Clay, M.D.
(Address) Ass't Dir., Mass. Gen'l Hosp. Date 11/16/ 19596 Winthrop Winthrop
(City or Town)

DATE OF BURIAL Nov. 13 1959

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received by Charles A. Inackie 19

(Registrar)

NOV 18 1959

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)

Ernest Atwood

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

87

Years

Months

Days

0

26

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.

021-57-5472

16 BIRTHPLACE (City).

Glendale

(State or country)

Nova Scotia

17 NAME OF

FATHER

Henry Allen

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Arabella Dun

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

21

Informant Records Old Age Assistance
(Address) Town of 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

5361

(Official Designation)

11-16-59.

(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



JAN 22 1906 PM

1 R-301A

THIS IS A
ENT RECORD.
e only

APPROVED

ink or black
riter ribbon.

CTIONS
FOR
CERTIFICATE

giving
OF DEATH

ot enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ne, if any,
cause rise to
cause (a),
the under-
cause last.

ions contrib-
death but not
the terminal
dition given

Chapter 137,
954, requires
a to prior or
cause or
death on
ificates.

AP. 46. 39 9 &

P. 114 45.

AP 38 6.)

Director:

use only

ACK Ink.

0-08-023000

SUFFOLK

(County)

BOSTON

(City or Town)

No.

MASSACHUSETTS GENERAL HOSPITAL

2 FULL NAME **EDWARD F. WALKER SR.**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **4 Summit Ave.,**
(Usual place of abode)

st. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay. In place of death years mnths **9** days. In place of residence **2** years mnths days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **November 17, 1959**
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That **attended** deceased from
Nov. 9, 1959, to Nov. 17, 1959
I last saw him alive on **Nov. 17, 1959** death is said to
have occurred on the date stated above, at **4:20 P.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Aspiration of Gastric Content**

Due To (b) **Bleeding Gastric Ulcers.**

Due To (c) **Portal Cirrhosis**

OTHER SIGNIFICANT CONDITIONS **Hepatic Failure**

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) **Ch. Clay**, M. D.

(Address) **Charles L. Clay, M.D.**
Ass't Dir., Mass. Gen'l Hosp. Date 11/17/ 1959

6 **St. Joseph's, Boston**
Place of burial or cremation (City or Town)

DATE OF BURIAL **November 21, 1959**

7 NAME OF FUNERAL DIRECTOR **John C. Kelly**
ADDRESS **286 Meridian St. E.B.**

Received and signed by **Charles H. Inachee** 19

JAN 22 1960 NOV 23 1959

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) **No**

st. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay. In place of death years mnths **9** days. In place of residence **2** years mnths days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)
Married
10a If married, widowed or divorced
HUSBAND of **Kathleen L. Broussard**
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. —

12 AGE **57** Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: **Sales Manager**
(Kind of work done during most of working life)

14 Industry or Business: **Trucking Co.**

15 Social Security No. **015-16-7747**

16 BIRTHPLACE (City) **Boston**
(State or country) **Mass.**

17 NAME OF FATHER **Joseph Walker**

18 BIRTHPLACE OF FATHER (City) **Boston**
(State or country) **Mass.**

19 MAIDEN NAME OF MOTHER **Catherine Driscoll**

20 BIRTHPLACE OF MOTHER (City) **Boston**
(State or country) **Mass.**

21 Informant (Address) **Mrs. Kathleen L. Walker**
4 Summit Ave., Win. 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
F 5398

(Official Designation)

(Date of Issue of Permit)
11-19-59

(Registrar)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



JAN 22 1900 CM

EDWARD J. CRONIN

Boston 254

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

MEDICARE HEARER'S
CERTIFICATE OF DEATH

Registered No. 10952

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. 818 Harrison Avenue

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Jeanne Goldberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 14 Dolphin Av
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence. _____ years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 18, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,
I last saw him alive on _____, 19____, death is said to
have occurred on the date stated above, at _____ m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Aortic stenosisDue 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) Richard Ford M. D.(Address) Boston Date 11/18/596 Mt Lebanon, W Roxbury, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 20, 1959 197 NAME OF FUNERAL DIRECTOR Arnold Golov
ADDRESS 1668 Beacon St, BrooklineReceived and filed November 23, 1959 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCEDFemale White

10a If married, widowed, or divorced

HUSBAND of _____

(Give maiden name of wife in full)

(or) WIFE of Sampson Goldberg
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 71 Years _____ Months _____ DaysIf under 24 hours
_____ Hours _____ Minutes

13 Usual

Occupation: Housewife

(Kind of work done during most of working life)

14 Industry

or Business: At Home15 Social Security No. None

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF

FATHER

Morris Steinberg

P

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

P

19 MAIDEN NAME

OF MOTHER

P

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21

Informant

(Address)

Myron Norman (Son)147 Payson Rd BrooklineI 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)

FORM-3-57-919789

22 1960

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

OUT-OF-TOWN 255

To be filed for burial permit
with Board of Health
or its Agent.

10944

Registered No.

PLACE OF DEATH

Suffolk

Boston

(City or Town)

Veterans Administration Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME

Clarence R. BAXTER

(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.
B High place of abode

14 Mermaid Ave.

x Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay In place of death years months -1 days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 19 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That VA attended deceased from
November 18, 19 59, to November 19, 19 59

death is said to

have occurred on the date stated above, at 2:50 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Rheumatic heart disease with
aortic and mitral stenosis

INTERVAL

BETWEEN

ONSET AND

DEATH

yrs

Due To Cardiac failure

days

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy & Clinical Findings

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Quinn, M. D.

JAMES S. QUINN
(PRINT OR TYPE SIGNATURE)

(Address) VAH, Boston, Mass. Date Nov. 19 19 59

6 Woodlawn Cem., Everett, Mass.

Place of Burial or Cremation

DATE OF BURIAL November 21 19 59

7 NAME OF FUNERAL DIRECTOR Elwood G. Bryant

ADDRESS 181 Broadway, Somerville, Mass.

Received and filed

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

Frances Adams

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILL BORN, enter that fact here

12

AGE 62 Years 0 Months 21 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation

Painter

(Retired)

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. 021 - 20 - 4153

16 BIRTHPLACE (City)
(State or country)Somerville
Mass.17 NAME OF
FATHER

Clarence Baxter

18 BIRTHPLACE OF

FATHER (City)

Nova Scotia

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER

Sarah Sweet

20 BIRTHPLACE OF

MOTHER (City)

Nova Scotia

(State or country)

Canada

21

Informant

(Address)

VA Hospital Records

Boston 30, 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)

INSTRUCTIONS
OR
CERTIFICATE

giving
OF DEATH

enter
than one
for each
b) and (e)

is not mean
of dying,
heart failure,
etc. It means
or compli-
which caused

is, if any,
rise to
cause (a),
he under-
cause last.

ions contrib-
path but not
the terminal
dition given

chapter 137,
54, requires
to print or
cause or
death on
ificates, and
8, Acts of
res Physi-
ent or type
signature

Medical
Examiner
lines

Jurisdiction

JAN 22 1960

(Registrar)

A TRUE COPY ATTEST:

Charles A. Frasier

Notary Public

RECEIVED



JAN 22 1990 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 K-102 to the clerk of the city or town in which the 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

50M.11-55-916145

PLACE OF DEATH

MIDDLESEX
(County)

BEDFORD
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Bedford
(City or Town making this return)

256

COPY OF CERTIFICATE OF DEATH

Registered No. 69

No. V.A. HOSPITAL, BEDFORD, MASS.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME MARY DAVIDSON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

C#1 014 236

(Was deceased a
U. S. War Veteran, WW I
if so specify WAR)

(a) Residence. No. 1167 BOYLSTON
(Usual place of abode)

St. BOSTON, MASS.
(If nonresident, give city or town and State)

Length of stay: In place of death 5 years 10 months 14 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DECEMBER 13, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
January 29 1954, to December 13 1959

I last saw her alive on December 13, 1959, death is said to
have occurred on the date stated above, at 5:35 a.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hemorrhage of left cerebral
artery due to arteriosclerosis.

3 days

OTHER SIGNIFICANT CONDITIONS:
(b) Chr. Br. Syn. associated with
cerebral arteriosclerosis with
psychotic reaction.

4-5-54

(c) Arteriosclerotic heart disease 1-29-54

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? YES
What test confirmed diagnosis? Clin. Lab. & Autopsy findings

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) EARL B. WHEELER, M. D.

(Address) VAH BEDFORD MASS Date Dec. 22 1959

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 15 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JAN 12 1960

(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 82 Years - Months - Days If under 24 hours
Hours - Minutes

13 Usual Occupation: Nurse
(Kind of work done during most of working life)

14 Industry or Business: ---

15 Social Security No. Not of record

16 BIRTHPLACE (City) Dundee
(State or country) Scotland

17 NAME OF FATHER Andrew Davidson

18 BIRTHPLACE OF FATHER (City) Not of record
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Mary Stevens

20 BIRTHPLACE OF MOTHER (City) Not of record
(State or country) Scotland

21 Informant (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec 28 1959

July 18, 1918

July 19, 1919

Not of record

Army Nurse Corps

Not of record

RECEIVED



JAN 12 1960 AM

PLACE OF DEATH

SUFFOLK
(County)BOSTON
(City or Town)

No. LEMUEL SHATTUCK HOSPITAL



The Commonwealth of Massachusetts

JOSEPH D WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHOUT - OF - TOWN
11674To be filed for burial permit
with Board of Health
or its Agent.

257

Registered No. 11674

(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)

2 FULL NAME Charles R. MacLauchlan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 111 Main Street
(Usual place of abode)

St. Winthrop

(If non-resident, give city or town and State)

Length of stay In place of death. years months 6 days In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 7, 1959
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 2, 1959, to Dec. 7, 1959I last saw him alive on Dec. 7, 1959, death is said to
have occurred on the date stated above, at 10:10 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Lung

INTERVAL
BETWEEN
ONSET AND
DEATH

9 mos

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 S. Rosson, M. D.

Robert S. Rosson, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) 170 Morton St., J. B. Dec. 7, 1959

6 Winthrop Winthrop Mass

Place of Burial or Cremation

DATE OF BURIAL Dec 11 1959

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 157 Winthrop St. Winthrop

Received and signed Charles A. MacLauchlan 19

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 Margaret Bennett
(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 9 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Fireman
(Kind of work done during most of working life)

14 Industry or Business: City of Boston

15 Social Security No. 023-22-1378

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER James A MacLauchlan

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Mary E Matthews

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Mrs Margaret MacLauchlan
(Address) 111 Main St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Jacqueline Caggiano
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

DEC 11 1959 - 11 1959

A TRUE COPY ATTEST:

Charles R. Mackie

City Registrar



FEB -- 01 06 09 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No.

258

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **GEORGE KENNETH BIBBEY**
(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. **126 Locust Street**
(Usual place of abode)

(If nonresident, give city or town and State)

17
1959

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

CERTIFICATE OF DEATH

Vital Statistics - State Board of Health
South Carolina

State File No. **59-018829**

No. 600		Vital Statistics - State Board of Health		State File No. 59-018829	
No. 1		South Carolina		South Carolina	
1. NAME OF DECEASED Beaufort		2. USUAL RESIDENCE (Where deceased lived before admission) a. STATE Mass. b. COUNTY Suffolk			
3. CITY, TOWN, OR LOCATION Beaufort		4. CITY, TOWN, OR LOCATION Winthrop			
5. LENGTH OF STAY IN 1b 17 mos.		6. STREET ADDRESS 126 Locust Street			
7. PLACE OF DEATH (If not in hospital, give street address) USMCAAS, Beaufort, S.C.		8. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐		9. IS RESIDENCE ON A FARM? YES ☐ NO ☐	
10. DATE OF DEATH Month December Day 17 Year 1959		11. DATE OF BIRTH Month 2 Day Nov Year 1936		12. DATE OF DEATH Month 12 Day 14 Year 59	
13. COLOR OR RACE Cauc.		14. MARRIED ☐ NEVER MARRIED ☐ DIVORCED ☐		15. KIND OF BUSINESS OR INDUSTRY USMC	
16. BIRTHPLACE (State or foreign country) Massachusetts		17. CITIZEN OF WHAT COUNTRY? USA			
18. HUSBAND OR WIFE'S NAME George Kenneth Bibbey		19. SOCIAL SECURITY NO. 022-26-7153		20. INFORMATION Official Records	
21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic rupture of liver, stomach, right kidney.		22. TWELVE ONSET AND DEATH less than one minute			
23. DUE TO (b) 860X		24. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART 1a) 860X		25. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	
26. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ DECEASED WAS SUCKED INTO AIR INTAKE OF JET AIRCRAFT.		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Flight line.		28. CITY, TOWN, OR LOCATION MCAAS, Beaufort S.C.	
29. I attended the deceased from 2:16 to --- and last saw him alive on ---		30. DATE SIGNED 12-16-59			
31. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery		32. LOCATION (City, town, or county) Malden, Mass.			
33. DATE OF BURIAL 12/16/59		34. BY LOCAL REG. Virginia B. Hickman			

NON-RESIDENT

Rec'd May 11, 1960

