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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, §§ 44-46.

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

35M-11-59-926602

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. 1	
No. Winthrop Community Hospital						St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME JOSEPH MARCUCCILLI (AKA Joseph Marcucella)						PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No					
(a) Residence. No. 419 Meridian St., Boston						St. East Boston					
(Usual place of abode)						(If nonresident, give city or town and State)					
Length of stay: In place of death. 5 years. 5 months. 5 days.						In place of residence. 38 years. 38 months. 38 days.					
MEDICAL CERTIFICATE OF DEATH											
3 DATE OF DEATH January 1 1960 (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 following blunt force injury of chest with multiple fractured ribs.											
5 Accident, suicide, or homicide (specify) Accident. Date and hour of injury 12/27 19. 59 IF ACCIDENTAL, was injury causally related to the death? Where did injury occur? Boston, Mass. (City or town and State) Did injury occur in or about home, on farm, in industrial place, or in public place? Home. (Specify type of place) Manner of injury Slipped on stairs. (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, Mass. Date 1/1 19. 60 St. Michael's Cemetery, Boston (City or Town) DATE OF BURIAL January 4th 19. 60											
8 NAME OF FUNERAL DIRECTOR Richard C. Kirby, Inc. ADDRESS 917 Bennington St., E. Boston Received and filed JAN 4 1960 (Registrar)											
PERSONAL AND STATISTICAL PARTICULARS											
9 SEX Male		10 COLOR White		11 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Widowed							
11a If married, widowed, divorced, or HUSBAND of Margherita Caucci (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)											
12 IF STILLBORN, enter that fact here.											
13 AGE 83 Years 9 Months 12 Days										If under 24 hours Hours Minutes	
14 Usual Occupation: Real Estate Retired (Kind of work done during most of working life)											
15 Industry or Business: Real Estate											
16 Social Security No. 030-07-7146											
17 BIRTHPLACE (City) Italy (State or country)											
18 NAME OF FATHER Francis Marcuccilli											
19 BIRTHPLACE OF FATHER (City) Italy (State or country)											
20 MAIDEN NAME OF MOTHER Rose Rea											
21 BIRTHPLACE OF MOTHER (City) Italy (State or country)											
22 Informant (Address) Mr. James V. Marcucella-son 419 Meridian St., E. Boston 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)											

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

JAN - 4 1960

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.)"

25M-4-59-925100

8 4 - 1960

The Commonwealth of Massachusetts
 JOSEPH D. WARD
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

COPY OF
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

Cambridge
 (City or town making return)

Registered No. 19

PLACE OF DEATH

Middlesex
 (County)

Cambridge
 (City or Town)



No. 149 Lake View Avenue

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

2 FULL NAME Joseph Maio

(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. 95 Court Road
 (Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 3, 1960
 (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.....

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 No

If so, specify

(Signed) David C. Dow, M. D.
 (Address) Cambridge, Mass. Date Jan. 4, 1960

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

DATE OF BURIAL January 7th 1960

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

Received and filed 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 IF STILLBORN, enter that fact here.

13 AGE 60 Years 6 Months 15 Days If under 24 hours
 Hours..... Minutes

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

15 Industry or Business: East Boston Lamp

16 Social Security No. yes 024-05-7640

17 BIRTHPLACE (City)
 (State or country) Italy

18 NAME OF FATHER Peter Maio

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

20 MAIDEN NAME OF MOTHER Domenica Calapa

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

22 Informant Helen Maio (Wife)
 (Address) 95 Court Rd. Winthrop, Mass.

A TRUE COPY.

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

DATE FILED Jan. 5, 1960

V.P. ✓



FEB - 4 1960 AM

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

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

STANDARD
CERTIFICATE OF DEATH

Registered No. 3

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)}

Ann Louise (Statham) Albee

PHYSICIAN — IMPORTANT

2 FULL NAME

Louise Albee

(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)

510 Harbor View Ave

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.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

not enter
more than one
cause for each
(a), (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-
to death but not
to the terminal
condition given

Chapter 137,
of 1954, requires
ians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 7 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan 3 1960, to Jan 7 1960

I last saw her alive on Jan 6-1960, death is said to
have occurred on the date stated above, at 3.30 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

3 days

Due To Arterio sclerotic Heart
(b) Disease

NOT
Known

Due To Arteriosclerosis
(c)

NOT
Known

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? FCG

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

If so, specify

(Signed) John F Collins M.D.

(PRINT OR TYPE SIGNATURE)

(Address) Rensselaer Mass Date 7 Jan 1960

6 Mt. Auburn Cambridge

Place of Burial or Cremation

DATE OF BURIAL Jan. 9 1960

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass

Received and filed JAN 8 1960

(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 Edward E Albee
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 11 Months 8 Days If under 24 hours
Hours.....Minutes

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

14 Industry or Business: Own home

15 Social Security No. None

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

17 NAME OF FATHER George Statham

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

19 MAIDEN NAME OF MOTHER Ellen Scampton

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

21 Informant Pauline Smith
(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) 1/7/60

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 - 8 1960 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.

Suffolk
(County)

Winthrop
(City or Town)

STANDARD CERTIFICATE OF DEATH

Registered No. 4

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

2 FULL NAME Edna Frances Townsend (Alger) (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. 31 Villa Avenue 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 37 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 7 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from MARCH 26 1952, to JANUARY 7 1960.
I last saw her alive on JANUARY 4 1960, death is said to have occurred on the date stated above, at 7:50 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

INTERVAL
BETWEEN
ONSET AND
DEATH

2 WEEKS

Due To CEREBRAL 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) Dorothy Cheney Appleton, M. D.

DOROTHY CHENEY APPLETON, M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 197 Woodside Ave. Date JAN 7 1960
Winthrop, Mass.

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

DATE OF BURIAL January 9, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JAN 8 1960

(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 George Townsend (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 5 Months 6 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Public School

15 Social Security No. none

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

17 NAME OF FATHER Charles Alger

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

19 MAIDEN NAME OF MOTHER Katherine ?

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

21 Informant Florence I. Pratt (Address) 31 Villa Avenue, Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/8/60

M R-301A

INSTRUCTIONS
FOR
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
eose, or compli-
which caused

itions, if any,
gave rise to
cause (a),
g the under-
cause lost.

nditions contrib-
o death but not
to the terminal
condition given

Chapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
o print or type
under signature.

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.



JAN - 8 1960 PM

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Baby Boy Vatalaro (Christopher Vatalaro)

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

(a) Residence. No.

(Usual place of abode)

35 Leyden

St.

East Boston

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Jan 7 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan 7, 1960 to Jan 7, 1960I last saw him alive on Jan 7, 1960, death is said to
have occurred on the date stated above, at 1:00 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Atelectasis

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

Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed) Marion C. Sabia, M.D.

MARION C. SABIA

(PRINT OR TYPE SIGNATURE)

(Address) 241 M Avenue S. East Date Jan 7 1959

6 St. Michael's Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 9, 1960

7 NAME OF
FUNERAL DIRECTOR Ernest C. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

(Registrar)

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 5

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

PHYSICIAN — IMPORTANT

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

St.

East Boston

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

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

7.....Hours.....10.....Minutes

13 Usual

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

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts17 NAME OF
FATHER

Anthony F. Vatalaro

18 BIRTHPLACE OF

FATHER (City) Boston

(State or country) Massachusetts

19 MAIDEN NAME

OF MOTHER

Roberta Stover

20 BIRTHPLACE OF

MOTHER (City) Boston

(State or country) Massachusetts

21

Informant Anthony F. Vatalaro

(Address) 35 Leyden 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:Theresa C. Serianis
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/8/60

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.

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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.

RECEIVED



JAN - 8 1960 PM

PLACE OF DEATH

Suffolk
(County)East Boston
(City or Town) Winthrop

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. 6

No. Winthrop Community Hospital (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Pasquale Catalano
(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)INSTRUCTIONS
FOR
CERTIFICATE(a) Residence. No. 524 Sumner 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... 17 days. In place of residence... years... months... days.

n giving
E OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
ode of dying,
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,
1954, requires
ans to print or
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
o print or type
nder signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 9 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1953, 19, to Jan 9, 1960
I last saw him alive on Jan 8, 1960, death is said to
have occurred on the date stated above, at 9:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Gall bladder

INTERVAL
BETWEEN
ONSET AND
DEATH
6 weeks

Due To (b) Carcinoma of Gall bladder

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? operation - pathology5 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) 64 Ashburton Ave. Date 1-9-60

6 Holy Cross Cemetery Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 12, 1960

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed JAN 11 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED married
or DIVORCED10a If married, widowed, or divorced Antonette Baldassaro
HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: Self Employed

15 Social Security No. 018-10-4020

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Marcello Catalano

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)19 MAIDEN NAME Pasquilli Porcari
OF MOTHER PASQUILINA20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Antonette Catalano (wife)
(Address) 524 Sumner 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:Ralph P. Scannone
(Signature of Agent of Board of Health or other)Health Officer 1/11/60
(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 11 1960 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.STANDARD
CERTIFICATE OF DEATH

Registered No. 7

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. WINTHROP HOSPITAL

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Joseph L. Kalish
(If deceased 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 MERMAID 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... 38 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY 9 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
July 1959 to Jan. 9, 1960I last saw him alive on Jan. 9, 1960, death is said to
have occurred on the date stated above, at 11:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Embolus

INTERVAL
BETWEEN
ONSET AND
DEATH

3 days

Due To (b) Coronary Artery Heart
Disease

8 yrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Acute Cholecystitis

3 days

Was autopsy performed?

What test confirmed diagnosis? No Clinical

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

(Signed) Charles Liberman M.D.

Charles Liberman
(PRINT OR TYPE SIGNATURE)

(Address) WINTHROP, MASS. Date 1/9/1960

6 JERETH ISRAEL OF WINTHROP EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JANUARY 10 1960

7 NAME OF FUNERAL DIRECTOR ARNOLD COLOV

ADDRESS 166 BARKER ST, BROOKLINE

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED WIDOWED MARRIED
or DIVORCED10a If married, widowed or divorced
HUSBAND of GOLDEN
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years... Months... Days If under 24 hours
Hours... Minutes13 Usual Occupation: PRINTER
(Kind of work done during most of working life)

14 Industry or Business: RETIRED

15 Social Security No. 013-28-7287

16 BIRTHPLACE (City) RUSSIA
(State or country)

17 NAME OF FATHER HARRY KALISH

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 EDWARD KURLAND
Informant (Address) 30 MERMAID 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. Jan. 10, 1960
(Official Designation) (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
ode of dying,
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,
1954, requires
ians to print or
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
o print or type
nder signature.

1-6-59-925686

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 1 1960

MR-301A

3.-THIS IS A
ANENT RECORD.
Use only

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,
heart failure,
etc. It means
ase, or compli-
which caused

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

ditions contrib-
o 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,
HAP. 38 § 6.)

1-10-58-923886

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. 8

No. Mayflower Rest Home 39 Grovers Ave (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Naughton (If deceased 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. 780 N. Shore Rd. St. Revere (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 27 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 1. 12. 60.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 12 to Jan. 12, 1960.
I last saw him alive on Jan 12, 1960, death is said to have occurred on the date stated above, at 9.15 a.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive Failure
CONGESTIVE FAILURE

Due To (b) Chronic Endocarditis
CHRONIC ENDOCARDITIS

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? No

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

(Signed) Edward J. Cronin, M. D.
(Address) 164 Shirley Ave. Date 1. 13. 60.

6 Holy Cross Malden (City or Town)
Place of Burial or Cremation
DATE OF BURIAL Jan 15, 1960 19

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike
ADDRESS 305 Beach St Revere

Received and filed JAN 15 1960 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 HUSBAND of Mary A. Goggin (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 Retired Stationary Engineer Retired Master Plumber (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None

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

17 NAME OF FATHER Michael Naughton

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

19 MAIDEN NAME OF MOTHER Julia - Unable to learn

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

21 Informant Marie Dugan (Address) 780 N. Shore Rd. Revere

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/15/60

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.

JAN 15 1960 AM

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON - THIS IS A PERMANENT RECORD

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

50M-3-58-926111

PLACE OF DEATH

Plymouth

(County)

Bridgewater

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Bridgewater

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 9

No. M.C.I. Bridgewater State Hospital

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

2 FULL NAME Antonio Biancardi

(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. 6 Argyle

(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death, 11 years, 5 months, 4 days. In place of residence, ? years, ? months, ? days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 16, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/29 1959 to January 16, 1960

I last saw him alive on January 16, 1960, death is said to

have occurred on the date stated above, at 8.10a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Status Epilepticus

Due To Chronic Epilepsy

Due To (c)

OTHER SIGNIFICANT CONDITIONS Psychosis with mental defic. 1 years

Was autopsy performed? No
What test confirmed diagnosis? Clinical

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

(Signed) E.J. Valcarce

M. D.

(Address) M.C.I. Bridgewater 1/16 1960

6 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 19, 1960

7 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 47 Years 4 Months 4 Days If under 24 hours Hours Minutes

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

14 Industry or Business: None

15 Social Security No. None

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

17 NAME OF FATHER Francisco Biancardi

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

19 MAIDEN NAME OF MOTHER Marie Dimartino

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

21 Informant M.C.I. Bridgewater records (Address)

A TRUE COPY

ATTEST: Jennie W. Carroll (Registrar of City or Town where death occurred)

DATE FILED Jan. 22, 1960

4 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31



SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE
DATE OF DISCHARGE
RANK, RATING
ORGANIZATION AND OUTFIT
SERVICE NUMBER
.....

JAN 8 1960

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. 10

PLACE OF DEATH

Winthrop

(County)

Suffolk

(City or Town)

No. 4 Lorean Terrace

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

PHYSICIAN — IMPORTANT

2 FULL NAME. Howard Malcolm Davis

(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. 4 Lorean Terrace

(Usual place of abode)

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

Length of stay: In place of death 42 years 12 months 12 days. In place of residence 42 years 12 months 12 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 16 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw him alive on 19, death is said to
have occurred on the date stated above, at 11:45 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATHDue To Presumably Coronary Occlusion
(b)Due To Anteriosclerotic Heart Disease
(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) Arthur C. Murray M. D.

Arthur C. Murray of Health
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop St. Winthrop, Mass. 01960

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

DATE OF BURIAL January 19, 1960

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

Received and filed 1-19 1960

(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 Helen Clair Johnson
(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 5 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: Broker-Salesman
(Kind of work done during most of working life)

14 Industry or Business: Wholesale Flour Sales

15 Social Security No. 021-03-6904

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

17 NAME OF FATHER Daniel Fitler Davis

18 BIRTHPLACE OF FATHER (City) Tuckerton
(State or country) New Jersey

19 MAIDEN NAME OF MOTHER Emilie Mustin

20 BIRTHPLACE OF MOTHER (City) Wilmington
(State or country) Delaware21 Informant Mrs. Howard M. Davis
(Address) 4 Lorean Terrace, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 1/19/60
(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
o print or type
nder signature.

N 19 1960

1-6-99-525686

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.

JAN 19 1960

The Commonwealth of Massachusetts

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Nursing Home

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.

11

{(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. Mary F. Baumeister (Gilbert)

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

(a) Residence. No. 12 Prospect Ave.
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. 1 years. 11 months. days. In place of residence. 15 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 17 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
March 1954 to Jan. 17 1960I last saw him alive on Jan. 16 1960, death is said to
have occurred on the date stated above, at 4:44 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(terminal)Due To myocardial heart
(b) diseaseDue To arteriosclerosis -
(c) generalizedOTHER
SIGNIFICANT
CONDITIONS

Senility

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 D. Ward M. D.

(PRINT OR TYPE SIGNATURE)
Joseph D. Ward

(Address) 194 Washington St. Date 1-18 1960

6 Mt. Pleasant, Arlington

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 20, 1960

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed JAN 19 1960

(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 Frank Baumeister
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 93 Years 11 Months 27 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

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

17 NAME OF FATHER William F. Gilbert

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

19 MAIDEN NAME OF MOTHER UNKNOWN

20 BIRTHPLACE OF MOTHER (City) UNKNOWN
(State or country)21 Informant Mr. Fred A. Baumeister
(Address) 12 Prospect Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Joseph D. Ward
(Signature of Agent or Board of Health or other)
Health Officer (Date of Issue of Permit) 1/19/60

M R-301A

INSTRUCTIONS
FOR
L CERTIFICATEn giving
C OF DEATHnot enter
e than one
e for each
, (b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
to print or type
nder signature.

1-6-59-925686

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



JAN 19 1960

PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. Winthrop Hospital

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.

12

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

PHYSICIAN — IMPORTANT

2 FULL NAME. JOHANNA O'REAGAN
(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. 413 Chelsea St. E. Boston St.
(Usual place of abode)

(If nonresident, give city or town and State)

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

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEn giving
OF DEATHnot enter
more than one
cause for each
(b) and (c)does not mean
mode of dying,
heart failure,
etc. It means
cause, or compli-
cation, which causedtions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
to death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
to print or type
nder signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 1 18 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
11/18/60, 1957, to 11/18/60, 1960.
I last saw her alive on 11/18/60, 1960, death is said to
have occurred on the date stated above, at 2 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHOPNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH

4 Days

Due To (b) CARDIAC FAILURE

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

Fred O'Regan

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

(PRINT OR TYPE SIGNATURE)

(Address) Winthrop Date 1/18 1960

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

DATE OF BURIAL JANUARY 21 1960

7 NAME OF FUNERAL DIRECTOR The Carley Fun. Home
ADDRESS 556 Cambridge St. Allston

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 89 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: Store Keeper

15 Social Security No.

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

17 NAME OF FATHER William O'Regan

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

19 MAIDEN NAME OF MOTHER Catherine Kendrick

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Dr. Fred McGrath
(Address) 113 Pleasant St. WinthropI 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 1/21/60
(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.

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

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



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.

13

No. Winthrop Community Hospital

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

2 FULL NAME Hugh White

(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. 437 Winthrop Street, Winthrop St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 18 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 3, 1960, to Jan. 18, 1960I last saw him alive on Jan. 18, 1960, death is said to
have occurred on the date stated above, at 11:00 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Mesenteric Thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH
2 daysDue To
(b)Due To
(c)

Bronchiectasis

84 yrs

OTHER SIGNIFICANT CONDITION Pneumonia Lt. Lung. 2 wks
Coronary Artery Ht. Dis. 5 yrs.

Was autopsy performed?

What test confirmed diagnosis?

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

(Signed) Charles Libeyman, M. D.

(Address) Charles Libeyman, Winthrop, Mass. Date Jan. 18 1960

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 21st 1960

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby, Inc.

ADDRESS 917 Bennington St., E. Boston

Received and filed JAN 19 1960 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 L. Phelan
(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. 6 Months 19 Days If under 24 hours
Hours Minutes13 Usual Occupation: Machinest
(Kind of work done during most of working life)

14 Industry or Business: Bethlehem Steel

15 Social Security No. 017-16-2328-A

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

17 NAME OF FATHER James White

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

19 MAIDEN NAME OF MOTHER Jeanie Watson

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)21 Informant Mrs. Margaret Grant-sis.
(Address) 437 Winthrop St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Richard C. Kirby, Inc.
(Signature of Agent of Board of Health or other)Health Officer 1/19/60
(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	July 9, 1917
DATE OF DISCHARGE	July 8, 1921
RANK, RATING	Water tender 1/c
ORGANIZATION AND OUTFIT	U.S.N. Reserve
SERVICE NUMBER	163-87-48

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

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

ons, if any,
gave rise to
cause (a),
the under-
cause lost.

itions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

Suffolk

(County)

Winthrop

No. Winthrop Community Hospital

2 FULL NAME Jane M. MacKinnon

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

(a) Residence. No. 556 Shirley

(Usual place of abode)

Length of stay: In place of death. years months 14 days. In place of residence. 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 19, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

1-14, 1960, to Jan 19, 1960.

I last saw her alive on JAN 19, 1960, death is said to

have occurred on the date stated above, at 11:40 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular
hemorrhageDue To (b) Arteriosclerosis
generalized

Due To (c)

OTHER SIGNIFICANT CONDITIONS
Cerebral infarction
bleeding

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. Legrand, M.D.

(PRINT OR TYPE SIGNATURE)

(Address) 1940 Cambridge St. Date 1-19-60

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 22, 1960

7 NAME OF FUNERAL DIRECTOR O'Maley Funeral Home

ADDRESS Winthrop

Received and filed 1-21-60 1960

(Registrar)

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. 14

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

PHYSICIAN — IMPORTANT

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

F

White

MARRIED
WIDOWED
or DIVORCED
Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 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. 010-09-2005

16 BIRTHPLACE (City)
(State or country) Cape Breton, Canada17 NAME OF FATHER
Dougal18 BIRTHPLACE OF FATHER (City)
(State or country) Cape Breton, Canada

19 MAIDEN NAME OF MOTHER Margaret MacEachern

20 BIRTHPLACE OF MOTHER (City)
(State or country) Cape Breton, Canada21 Informant Isabelle MacKinnon
(Address) 556 Shirley St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Legrand
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/21/60 (Date of Issue of Permit)

V15V

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

JAN 11 1969

RULES OF PRACTICE

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

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

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

No.

~~XXXXXXXXXX~~

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.

15

2 FULL NAME Russo, 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. 42 MERIDIAN ST
(Usual place of abode)St. EAST BOSTON
(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 19 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1-19-60 to 1-19-60I last saw him alive on 1-19-60, 19..... death is said to
have occurred on the date stated above, at 4.08 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

1. Atalectasis of lungs
2. Congenital heart disease
3. Multip. congenital abnormal-
ities.
4. Club hands and feet.

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)

A. N. CAPLAN MD

M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 186 Princeton St Date 1-20-60East Boston, Mass6 Place of Burial or Cremation ST. MICHAEL'S BOSTON (City or Town)DATE OF BURIAL 1-20-60

7 NAME OF

FUNERAL DIRECTOR

ADDRESS 70 Cooper St Boston

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED S

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE..... Years..... Months..... Days

If under 24 hours

1 Hours 36 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

Russo, Augustine

18 BIRTHPLACE OF

FATHER (City)

Boston, Mass.

(State or country)

19 MAIDEN NAME

OF MOTHER

O'Brien, Caryl

20 BIRTHPLACE OF

MOTHER (City)

Boston, Mass.

(State or country)

21

Informant

(Address)

AUGUSTINE RUSSO
42 MERIDIAN ST E. BOSTONI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

(Registrar)

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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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.

16

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

Registered No.

No. 5 Ocean View

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

PHYSICIAN — IMPORTANT

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

2 FULL NAME Mary O'Connell

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

(a) Residence. No. 5 Ocean View
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 1 22 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1956, to 11/30, 1959,

I last saw him alive on 11/30, 1959, death is said to
have occurred on the date stated above, at 10 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-SCLEROTIC
HEART DISEASE

Due To HYPERTENSION

(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. Fred O. Regan

(Signed) Mary O'Connell, M. D.

113 Pleasant St. Winthrop, Mass.
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop Date 1/23 1960

6 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 25, 1960

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS 210 Winthrop St.

Received and filed JAN 25 1960 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 David O'Connell
(Husband's name in full)

11 IF STILL BORN, enter that fact here.

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

14 Industry or Business: AT Home

15 Social Security No. None

16 BIRTHPLACE (City) St. John
(State or country) N.F.

17 NAME OF FATHER Richard Hurrell

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

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) St. John
(State or country) N.F.

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)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
more than one
cause for each
(b) and (c)does not mean
cause of dying,
heart failure,
etc. It means
cause, or compli-
cation 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
ans to print or
the cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

6-59-925686

Medical Examiner Declined Jurisdiction

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.



INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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

oes not mean
le of dying,
hear failure,
etc. It means
se, or compli-
which caused

ons, 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
of cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 17

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 47 Douglass(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Dorothy A Oesterle

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

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
(if so specify WAR)(a) Residence. No. 47 Douglass
(Usual place of abode)St. _____
(If nonresident, give city or town and State)Length of stay: In place of death 2 years 23 months _____ days. In place of residence 23 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 22, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1/5 1959, to 1/22 1960I last saw him alive on 1/22 1960, death is said to
have occurred on the date stated above, at 8 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial InfarctINTERVAL
BETWEEN
ONSET AND
DEATH
15 MINDue To
(b) _____Due To
(c) _____OTHER
SIGNIFICANT NONE
CONDITIONSWas autopsy performed? NoWhat test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased?
If so, specify _____(Signed) Myron N. King, M. D.
MYRON N. KING
(PRINT OR TYPE SIGNATURE)(Address) 222 Pleasant St Date 1/23 19606 Old Calvary Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 25, 19607 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS 210 Winthrop St.Received and filed JAN 25 1960 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 Thomas A Oesterle
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years _____ Months _____ Days If under 24 hours
_____ Hours _____ Minutes13 Usual Occupation: Hairdresser
(Kind of work done during most of working life)14 Industry or Business: Self15 Social Security No. 012-18-419316 BIRTHPLACE (City) Boston
(State or country)17 NAME OF FATHER James J Danahy18 BIRTHPLACE OF FATHER (City) Boston
(State or country)19 MAIDEN NAME OF MOTHER Mary A Sweeney20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)21 Informant Thomas A Oesterle
(Address) 47 Douglass St.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Jan 24, 1960
(Date of Issue of Permit)

V.B. L.

MEDICAL EXAMINER DECLINED JURISDICTION

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 25 1960 AM

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

25W-6-56-918227

1 PLACE OF DEATH

Essex

(County)

Lynn

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Lynn

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 18

No. Lynnview Hosp.

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

2 FULL NAME David Brettman
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)

30 Highland Ave.

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.....19 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 24, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1/5/60, 19, to 1/24/60, 19.
I last saw him alive on 1/23/60, 19, death is said to
have occurred on the date stated above, at 5:55A m.INTERVAL
BETWEEN
ONSET AND
DEATHDEATH WAS CAUSED BY: IMMEDIATE CAUSE
Cerebral thrombosis

(a) 1 dy

(b) Generalized arteriosclerosis

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS
MyocarditisWas 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) Clarence London, M. D.

(Address) Lynnview Hosp. Date 1/24/60 19.

6 Oak Hill Peabody

Place of Burial or Cremation (City or Town)

DATE OF BURIAL 1/25/60 19

7 NAME OF FUNERAL DIRECTOR Arnold Golov
1668 Beacon St. Brookline

ADDRESS

Received and filed FEB 10 1960 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 married10a If married, widowed, or divorced
HUSBAND of Ruth Livchun (Name of wife in full)

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

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business Sterling Heel CO.

15 Social Security No. 929-07-0984

16 BIRTHPLACE (City)
(State or country) Russia

17 NAME OF FATHER Hyman

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

19 MAIDEN NAME OF MOTHER Esther Barenberg

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Herman Brettman (son)
(Address) 47 Glendale Rd., Marblehead

A TRUE COPY

ATTEST (Registrar of City or Town where death occurred)

DATE FILED 2/3/60 19

V.B. ✓



FEB 10 1960 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
le of dying,
heart failure,
etc. It means
se, 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
ans to print or
ne cause or
of death on
certificates.

DOM-5-56-917573

The Commonwealth of Massachusetts

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

Registered No. 19

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP CONVALESCENT HOME (If death occurred in a hospital or institution,
142 PLEASANT St. (give its NAME instead of street and number)2 FULL NAME AGNES MATHEW'S (HYNES)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO(a) Residence. No. 142 PLEASANT
(Usual place of abode)

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

Length of stay: In place of death 3 years 3 months 40 days. In place of residence 40 years 3 months 40 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN 29 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JAN 7 1954 to JAN 29 1960
I last saw him alive on JAN 29 1960, death is said to
have occurred on the date stated above, at 1:25 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

16 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

Due To (b) ANTERIOR SCLEROSIS.

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) S. W. Dickerson, M. D.

(Address) 59 SUMMERSET AVE WINTHROP Date FEB 1 1960

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

DATE OF BURIAL FEB 2 1960

7 NAME OF FUNERAL DIRECTOR Maurice W. Foley

ADDRESS WINTHROP

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED WIDOWED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of JOHN W. MATHEW'S
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) NEW ZEALAND
(State or country)

17 NAME OF FATHER PATRICK H. HYNES

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

19 MAIDEN NAME OF MOTHER MATHA TURNER

20 BIRTHPLACE OF MOTHER (City) N. F.
(State or country)21 Informant WINTHROP OLD AGE ASSISTANCE
(Address) WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Kerkman
(Signature of Agent of Board of Health or other)Health Officer 2/1/60
(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

FEB - 1900

THIS IS A
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APPROVED

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CTIONS
FOR
CERTIFICATE

giving
OF DEATH

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heart failure,
tc. It means
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ause (a),
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ause last.

ions contrib-
death but not
the terminal
ndition given

Chapter 137,
954, requires
s to print or
cause or
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

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

STANDARD
CERTIFICATE OF DEATH

Registered No. **20**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **41 WAVE WAY AVE.**

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

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

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

(a) Residence. No. **41 WAVE WAY AVE** St.
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **JAN 29 1960**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan. 1947 to **Jan. 29 1960**

I last saw her alive on **Jan. 29, 1960**, death is said to
have occurred on the date stated above, at **5:30 P.M.**

INTERVAL
BETWEEN
ONSET AND
DEATH

9 mos

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Cancer of Bowel**

Due To
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

None

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 **CHARLES LUBERMAN**

(Signed) **Charles Liberman** M. D.(Address) **Winthrop** Date **1/30/1960**

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

DATE OF BURIAL **January 31 1960**

7 NAME OF FUNERAL DIRECTOR **Arnold Golov**
ADDRESS **1660 Beacon St. Brookline**

Received and filed **FEB 1 - 1960** 19

(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 **Arthur David Novins**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE **45** Years _____ Months _____ Days

If under 24 hours

_____ Hours _____ Minutes

13 Usual

Occupation: **HOUSE WIFE**
(Kind of work done during most of working life)

14 Industry

or Business: **AT HOME**15 Social Security No. **None**

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

17 NAME OF FATHER

Morris Newman

18 BIRTHPLACE OF FATHER (City)

(State or country) **Russia**

19 MAIDEN NAME OF MOTHER

Annie Lebling

20 BIRTHPLACE OF MOTHER (City)

(State or country) **Russia**

21

Informant **Leon Novins**
(Address) **41 WAVE WAY 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. Serrano
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

114

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

FEB -- 1939

RULES OF PRACTICE

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

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

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

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

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

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

50M-1-58-921976

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No.

142 Pleasant

2 FULL NAME

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

(a) Residence. No.

(Usual place of abode)

40 Nahant Ave

St.

Revere

(If nonresident, give city or town and State)

Length of stay: In place of death years months 28 days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJan 30 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1959, to Jan 30, 1960

I last saw him alive on Jan 30, 1960, death is said to

have occurred on the date stated above, at 7:45 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary
Sclerosis

Due To

(b)

Rta. ARTERIO
SCLEROSIS

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 ARTHUR H. VILKER

(Signed)

(Address)

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan 31 1960

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

FEB 1 - 1960

(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.

21

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

PHYSICIAN - IMPORTANT

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

widowed

10a If married, widowed, or divorced

HUSBAND of

Alice Dietrich
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 95 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Tailor

(Kind of work done during most of working life)

14 Industry

or Business:

Clothing

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Austria

17 NAME OF
FATHER

Louis Brooks

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Austria

19 MAIDEN NAME

OF MOTHER

EBL

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Austria

21

Informant

(Address)

Louis Brooks
37 Francis St. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Sennar
(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:

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

25M-4-59-925100

PLACE OF DEATH

Suffolk
(County)

Chelsea
(City or town)



The Commonwealth of Massachusetts
JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **2**

22

No. **on route to Chelsea Memorial Hosp.**

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

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

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

(a) Residence. No. **190 Shore Drive**
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Jan. 1, 1960
(Month) (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 myocardial infarction.

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? **no** Was autopsy performed?

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

If so, specify

(Signed) **Michael A. Luongo**, M. D.

(Address) **Boston, Mass.** Date **1/1/60**

7 **Joseph #3, Woburn, Mass.**
Place of Burial, or Circulation (City or town)

DATE OF BURIAL **Jan. 3, 1960**

8 NAME OF
FUNERAL DIRECTOR **Arnold Golov**

ADDRESS **1668 Beacon St., Brookline**

Received and filed **19**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR

11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

Male **White**
11a If married, widowed, or divorced

Single

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 **61** Years **-** Months **-** Days

If under 24 hours
Hours **-** Minutes

14 Usual

Occupation: **Vice President** (of working life)

15 Industry

or Business: **Standard Machinery Supply**

16 Social Security No.

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

18 NAME OF
FATHER

Max

19 BIRTHPLACE OF

FATHER (City)
(State or country)

20 MAIDEN NAME
OF MOTHER

Russia

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

Father Lebowitz

Russia

22

Informant
(Address) **Ida Popper**

A TRUE COPY **190 Shore Drive Wintthrop**

ATTEST: **Joseph #3, Woburn, Mass.**
(Registrar of City or Town where death occurred)

Jan. 2, 1960

DATE FILED **19**

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE FEB 1 0 1960 11

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

.....

X
PLACE OF DEATH
1

Suffolk

(County)

Revere

(City or Town)



The Commonwealth of Massachusetts

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

Revere

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

23

No. Grover Manor Hospital

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

2 FULL NAME Elizabeth Louise Bisbee (Farren)

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

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 24 Ocean Ave.
(Usual place of abode)

x Winthrop

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 11, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 9, 1959 to Jan. 11, 1960I last saw her alive on Jan. 11, 1960, death is said to
have occurred on the date stated above, at 6:30A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

Due To Cerebral vascular
(b) accidentDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

no

What test confirmed diagnosis? Clinical signs

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

(Signed) James F. Burns, M. D.

(Address) 537 Broadway, Date 1/11, 1960

6 Woodlawn Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 13, 1960

7 NAME OF FUNERAL DIRECTOR Bisbee & Son

ADDRESS 549 Lincoln Ave., Saugus

Received and filed FEB 18 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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Ernest E. Bisbee

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 27 Years 6 Months 17 Days

If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. none

16 BIRTHPLACE (City) St. John
(State or country) N. B.

17 NAME OF FATHER Edward Farren

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

19 MAIDEN NAME OF MOTHER Jane Kellawaey

20 BIRTHPLACE OF MOTHER (City) St. John
(State or country) N. B.21 Informant Mrs. Guy Pigeon
(Address) 4 Ocean Avenue, Winthrop

A TRUE COPY

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

DATE FILED January 13, 1960

X

THIS IS A PERMANENT RECORD

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

50M-9-59-926111

PLACE OF DEATH

Middlesex
(County)
Waltham
(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Waltham

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 32 24

No. Walter E. Fernald State School St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Kaplovitz { (Was deceased a U. S. War Veteran, if so specify WAR.....)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 200 Shirley St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH <u>January 16, 1960</u> (Month) (Day) (Year)		8 SEX <u>male</u>	9 COLOR <u>white</u>
4 I HEREBY CERTIFY, That I attended deceased from <u>Jan. 1, 1959</u> to <u>Jan. 16, 1960</u> I last saw him live on <u>Jan. 15, 1960</u> , death is said to have occurred on the date stated above, at <u>7:30am</u> m.		10 SINGLE (write the word) MARRIED <u>single</u> WIDOWED or DIVORCED	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3hrs</u>	10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	
Due To (b) <u>Congenital cerebral spastic infantile paralysis</u>	life	11 IF STILLBORN, enter that fact here.	
Due To (c)		12 <u>41</u> Years <u>8</u> Months <u>28</u> Days AGE If under 24 hoursHours.....Minutes	
OTHER SIGNIFICANT CONDITIONS <u>Mental deficiency</u>	life	13 Usual Occupation: <u>None</u> (Kind of work done during most of working life)	
Was autopsy performed? What test confirmed diagnosis? <u>clinical</u>		14 Industry or Business:	
5 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify		15 Social Security No.	
(Signed) <u>L. K. Kelley</u> M. D. <u>60</u> <u>Waltham, Mass.</u> 1-18 (Address) Date 19.....		16 BIRTHPLACE (City) <u>Winthrop</u> (State or country) <u>Mass.</u>	
6 <u>Adath Seshurun, W. Roxbury</u> Place of Burial or Cremation (City or Town)		17 NAME OF FATHER <u>Bernet Kaplovitz</u>	
DATE OF BURIAL <u>January 17, 1960</u>		18 BIRTHPLACE OF FATHER (City) (State or country) <u>Russia</u>	
7 NAME OF FUNERAL DIRECTOR <u>Torf Funeral Service</u> ADDRESS <u>Chelsea, Mass.</u>		19 MAIDEN NAME OF MOTHER <u>Rebecca Cohen</u>	
Received and filed <u>MAR 10 1960</u> 19..... (Registrar of City or Town where deceased resided)		20 BIRTHPLACE OF MOTHER (City) (State or country) <u>Russia</u>	
		21 Informant (Address) <u>WEP School</u> <u>Waverley, Mass.</u>	
		A TRUE COPY	
		ATTEST: (Registrar of City or Town where death occurred)	
		DATE FILED <u>January 25, 1960</u>	

1-10-1944



MAR 1 1945

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, (i, l).)

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.

25

No. Grover Manor Hospital

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

2 FULL NAME Frances Magee (Sampson)

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

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 6 Court Road
(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death... years 1 months 19 days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 24, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 5, 1959, to January 24, 1960I last saw her alive on Jan. 24, 1960 death is said to
have occurred on the date stated above, at 11:30 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

INTERVAL
BETWEEN
ONSET AND
DEATH

48 hrs.

Due To Carcinoma of stomach

6 mos.

(c) Due To

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

no

What test confirmed diagnosis? Clinical signs

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

(Signed) James F. Burns M. D.

(Address) Broadway Everett Date 1/26 1960

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

DATE OF BURIAL January 28 1960

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

Received and filed FEB 18 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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James E. Magee
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) N. S.
(State or country)

17 NAME OF FATHER Joseph Sampson

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

19 MAIDEN NAME OF MOTHER Maria (Cannot be learned)

20 BIRTHPLACE OF MOTHER (City) N. S.
(State or country)21 Informant James Magee
(Address) 6 Court Rd., Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED January 28, 1960

M-2-58-922072

B 18 1960

RECEIVED



FEB 18 1960

-THIS IS A
NMENT RECORD.
se only

APPROVED
ink or black
riter ribbon.

INSTRUCTIONS
FOR
C. CERTIFICATE

giving
OF DEATH

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

does not mean
me of dying,
a heart failure,
etc. It means
ise, or compli-
s which caused

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

ions contrib-
death but not
the terminal
condition given

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

CAP. 46, §§ 9 &
CAP. 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. **26**

Registered No. _____

PLACE OF DEATH
1 **Suffolk** (County)
Winthrop (City or Town)
Mayflower Nursing Home
No. **39 Grover's Dr.**

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

(a) Residence. No. **55 Cottage Ave** St. **Winthrop**
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **February 1, 1960**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **March 1, 1948**, to **Feb. 1, 1960**
I last saw him alive on **Jan. 31, 1960**, death is said to have occurred on the date stated above, at **7:10 a.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) **Arteriosclerotic heart disease**

Due To **Generalized arteriosclerosis**
(b)

Due To **Diabetes Mellitus**
(c)

OTHER SIGNIFICANT CONDITIONS **Diabetes Mellitus**
Bilateral leg Amputations

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 **M. Traunstein, Jr.**

(Signed) **M. Traunstein, Jr. M.D.**, M. D.
(Address) **73 Bartlett, Winthrop, Feb. 1, 1960**

6 **St. Joseph's** Mass. **Boston**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **February 3, 1960**

7 NAME OF FUNERAL DIRECTOR **John G. Kelly**
ADDRESS **286 Meridian St., E.B.**

Received and filed **FEB 1 - 1960** (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 **Minnie L. Allen**
(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 **10** Days If under 24 hours _____ Hours _____ Minutes

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

14 Industry or Business: **Provision**

15 Social Security No. **020-14-9360A**

16 BIRTHPLACE (City) **U.S.**
(State or country)

17 NAME OF FATHER **Edward W. Rhyno**

18 BIRTHPLACE OF FATHER (City) **U.S.**
(State or country)

19 MAIDEN NAME OF MOTHER **Clara C. Hayes**

20 BIRTHPLACE OF MOTHER (City) **U.S.**
(State or country)

21 Informant **Mrs. Marjorie M. Kinlin**
(Address) **35 Cottage Ave, Win.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Gale E. Traunstein
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **2/1/60** (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.

FEB - 1 1960 PM

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. 27

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 Burton Barnes

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

Length of stay: In place of death 13 years months days In place of residence 2 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 2, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Jan. 21, 1960 Feb. 2, 1960

I last saw him alive on Feb. 2, 1960 death is said to have occurred on the date stated above, at 3.09 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Embolus

INTERVAL
BETWEEN
ONSET AND
DEATH

11 1/2 Hrs

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Fracture Left Femur

13 Days

Was autopsy performed? No

What test confirmed diagnosis? X-Ray

No

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

If so, specify

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

John F. Collins M.D.
(PRINT OR TYPE SIGNATURE)

(Address) Revere, Mass. Date 2/2/60

6 Buritan Lawn Cem., Peabody
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 5, 1960

7 NAME OF FUNERAL DIRECTOR Arcella Funeral Service
ADDRESS 876 Winthrop Ave., Revere

Received and filed 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 Henrietta F. Coffill
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

AGE 67 Years 1 Months 17 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Manager - Ins. Co.

15 Social Security No. 201-11-1111

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

17 NAME OF FATHER James Barnes

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

19 MAIDEN NAME OF MOTHER Eleanor Dudley

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Henrietta F. Coffill
(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)

Health Officer 2/4/60
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
CERTIFICATE1 giving
2 OF DEATH3 not enter
4 than one
5 for each
6 (b) and (c)7 does not mean
8 of dying,
9 heart failure,
10 etc. It means
11 or compli-
12 which caused13 ns, if any,
14 have rise to
15 cause (a),
16 the under-
17 cause last.18 ntions contrib-
19 death but not
20 the terminal
21 condition given22 Chapter 137,
23 154, requires
24 s to print or
25 cause or
26 of death on
27 certificates, and
28 48, Acts of
29 quires Physi-
30 print or type
31 er signature.32 M.S.
33 4 - 1960

34 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.

FEB - 1960 17

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. 28

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 Henrietta Elizabeth Edwards

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

PHYSICIAN — IMPORTANT

(If deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 54 Beal Street
(Usual place of abode)

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

Length of stay: In place of death.....years.....5 months.....days. In place of residence.....10 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 3 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
10-10-1953 to 2-3-1960I last saw h. alive on 2-3-1960, death is said to
have occurred on the date stated above, at 7:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Aorta Aneurysm
Rupture ofDue To (b) Arteriosclerosis
generalized

Due To (c) Senility

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) J. B. Marsh, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 174 Winthrop St. Date 2-5-1960

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

DATE OF BURIAL February 6, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 5 - 1960

(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 Robert Frederick Edwards
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 7 Months 19 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) Gotenberg
(State or country) Sweden

17 NAME OF FATHER Benson

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

19 MAIDEN NAME OF MOTHER unable to obtain

20 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)Informant Mrs. Edward A. Anderson
(Address) 54 Beal 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)

Health Officer 3/5/60
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

1

R-301A

SCTIONS
FOR
A CERTIFICATEiving
OF DEATHot enter
than one
as for each
b) and (c)es not mean
of dying,
heart failure,
ic. It means
or compli-
which causeds, if any,
ive rise to
ause (a),
g he under-
ause last.ions contrib-
ath but not
the terminal
dition givenhapter 137,
54, requires
a to print or
h cause or
death on
ificates, and
8, Acts of
res Physi-
oint or type
signature.

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:

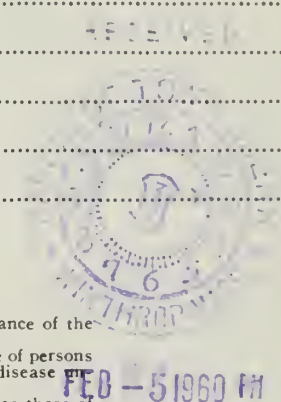
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease related to any form of injury.

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

STANDARD

CERTIFICATE OF DEATH

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

Registered No.

29

No. 62 Hillside Avenue, Winthrop

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

2 FULL NAME

Anna R. Cardoza (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)

No

(a) Residence. No. 62 Hillside Avenue, Winthrop St.

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

February 4, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 7, 1954, 19 to Feb. 4, 1960I last saw her alive on Feb. 4, 1960, death is said to
have occurred on the date stated above, at 5 p. m.INTERVAL
BETWEEN
ONSET AND
DEATH

1 yr.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Generalized carcinomatosis

Due To

(b)

Ductal carcinoma of the left
breast

5 1/2 yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

none

Was autopsy performed? no

What test confirmed diagnosis clinical & laboratory

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

If so, specify

(Signed) M. Traubenstein Jr. M. D.

(Address) 73 Bartlett Road Date Feb. 4, 1960

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL February 8th

1960

7 NAME OF

FUNERAL DIRECTOR

Richard C. Kirby, Inc.

ADDRESS

917 Bennington Street, E. Boston

Received and filed

FEB 5 - 1960

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 Manuel T. Cardoza

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 51 Years 11 Months 7 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

013-05-5304

16 BIRTHPLACE (City)

Chelsea

(State or country)

Mass.

17 NAME OF

FATHER

Bernard E. Riley

PARENTS

18 BIRTHPLACE OF

FATHER (City)

Chelsea

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Mary Lake

20 BIRTHPLACE OF

MOTHER (City)

Newfoundland

(State or country)

21

Informant

(Address)

Mr. Manuel Cardoza-hus.

62 Hillside 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

(Date of Issue of Permit) 2/5/60

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

Suffolk

(County)

Winthrop

(City or Town)

No. Mayflower Nursing Home

STANDARD
CERTIFICATE OF DEATH

Registered No. 30

{(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 Jessie B (Tompson) Hankins

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

(a) Residence. No. 32 Prospect Ave.
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 4, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 5, 1950, to Feb. 4, 1960
I last saw her alive on Feb. 4, 1960, death is said to
have occurred on the date stated above, at 7:00 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH

1 week

Due To
(b) Hypertensive & arteriosclerotic
heart disease

8 yrs.

Due To
(c) Generalized arteriosclerosis

10 yrs.

OTHER
SIGNIFICANT
CONDITIONS Bilateral cerebral
hemorrhages

3 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. Traunstein, Jr., M. D.

M. Traunstein, Jr., M. D.

(Address) 73 Bartlett Rd. Date Feb. 6, 1960

Winthrop 52, Mass. Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 8 1960

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed FEB 8 - 1960 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 Eddy D Hankins

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 5 Months 23 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. 028-10-9195

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

17 NAME OF FATHER William B Tompson

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

19 MAIDEN NAME OF MOTHER Janet Duggan

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Silvie McNeil
(Address) 32 Prospect 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) 2/8/60

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
A CERTIFICATEgiving
OF DEATHnot enter
more than one
cause for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
or compli-
which causedis, if any,
rise to
cause (a),
he under-
use last.ditions contrib-
death but not
the terminal
dition givenChapter 137,
of 1944, requires
to print or
the cause or
death on
certificates, and
8, Acts of
retires Physi-
into int or type
signature.

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:

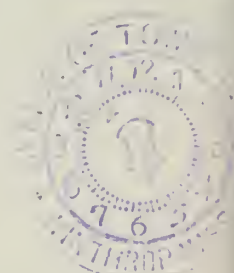
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(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.



FEB - 8 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)STANDARD
CERTIFICATE OF DEATH

Registered No. 31

No. Winthrop Community Hospital

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

2 FULL NAME Philip Kerner

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

PHYSICIAN — IMPORTANT
{(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 30 Myrtle Ave.
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB. 6 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1/4, 1960, to 2/6, 1960
I last saw him alive on 2/6, 1960, death is said to
have occurred on the date stated above, at 1:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) UREMIA - MARKED

INTERVAL
BETWEEN
ONSET AND
DEATH

3 DAYS

Due To (b) NEPHRO-SCLEROSIS AND
MARKEDLY HYPERTROPHIED PROSTATE 3 YRS.Due To (c) ARTERIO-SCLEROTIC HEART DISEASE
WITH ACUTE FAILURE 3 DAYSOTHER
SIGNIFICANT
CONDITIONS GENERAL ARTERIO-SCLEROSIS 3 YRS.

Was autopsy performed? No.

What test confirmed diagnosis? CLINICAL

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

(Signed) Myron N. King, M.D.

(PRINT OR TYPE SIGNATURE)

(Address) 222 Pleasant St. Date 2/6 1960

Winthrop

6 PLACE OF BURIAL OR CREMATION Mt. Lebanon, Wm. Roxbury
(City or Town)

DATE OF BURIAL FEBRUARY 8 1960

7 NAME OF FUNERAL DIRECTOR BENJAMIN BIRNBACH

ADDRESS 10 WASHINGTON ST. DORCH

Received and filed FEB 8 - 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED MARRIED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of SARAH CEDAR
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: RETIRED

15 Social Security No.

16 BIRTHPLACE (City) RUSSIA
(State or country)

17 NAME OF FATHER SOLOMON KERNER

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 SARAH KERNER
(Address) 30 MYRTLE 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) 2/8/60

1.1V

R-301A

INSTRUCTIONS
FOR
CERTIFICATEI giving
OF DEATHto enter
than one
for each
(b) and (c)es not mean
of dying,
heart failure,
etc. It means
or, compli-
which causedions, if any,
ave rise to
cause (a),
the under-
ause last.omions contrib-
to death but not
the terminal
dition givene, Chapter 137,
of 54, requires
to print or
cause or
s death on
ificates, and
er-8, Acts of
reires Physi-
to print or type
un r signature.

M-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:

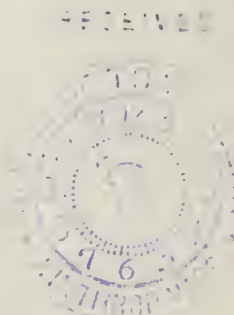
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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

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

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



FEB - 8 1960

R-301A

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

Winthrop Community Hosp

2 FULL NAME

Baby Boy Balboni

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

(a) Residence. No. 7 Belle Isle Ave.
(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 8 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
FEB 8 1960, to FEB 8 1960I last saw him alive on Feb 8 1960, death is said to
have occurred on the date stated above, at 5:10 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Premature birth

INTERVAL
BETWEEN
ONSET AND
DEATH
40 Min(b) Due To Premature Separation of
Placenta

6 Hrs

(c) Due To Placenta Previa

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical Exam

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

(Signed) John F. Collins M.D.

(PRINT OR TYPE SIGNATURE)

(Address) Revere Mass Date Feb 8 1960

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL February 9, 19607 NAME OF FUNERAL DIRECTOR Porcella Funeral Service
ADDRESS 876 Winthrop Ave. Revere

Received and filed FEB 8 - 1960

(Registrar)

The Commonwealth of Massachusetts

JOSEPH D WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

32

(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

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 40 Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. None

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

17 NAME OF

FATHER

Albert A. Balboni

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Lorraine Paziano

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

21

Informant

Albert A. Balboni

(Address)

7 Belle Isle Ave., Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Ferrante
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)2/8/60
(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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bayview Nursing Home

2 FULL NAME Grace D (Cooper) Johnston

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

(a) Residence. No. 58 Thornton Park

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 7 months days. In place of residence 30 years months days.

The Commonwealth of Massachusetts

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

Registered No.

33

(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 Feb 10 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7-3-1957 to 2-10-1960
I last saw her alive on Feb. 6, 1960, death is said to
have occurred on the date stated above, at 7:45 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular
hemorrhage - massive(b) arteriosclerosis
generalized

(c) senility

OTHER SIGNIFICANT CONDITIONS
Parkinson's Disease

Was autopsy performed?

What test confirmed diagnosis?

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

(Signed) Joseph Gregorie

(Address) 19 Washington St Date 2-10-1960

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

DATE OF BURIAL Feb. 13 1960

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed February 12, 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Joseph Johnston

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 4 Months 9 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 012-18-5119

16 BIRTHPLACE (City) St John
(State or country) New Brunswick

17 NAME OF FATHER William Cooper

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

19 MAIDEN NAME OF MOTHER Mary Palmer

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia21 Informant Roy A Johnston
(Address) 58 Thornton Park WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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

50M-9-59-926111

PLACE OF DEATH
1

Middlesex

(County)

Medford

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Medford

(City or Town making this return)

Registered No.

34

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

2 FULL NAME Nettie M. R. (Conohan) Magee (Was deceased a U. S. War Veteran, if so specify WAR,)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 Atlantic St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 15 months 50 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 12 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 31 1959 to Feb 12 1960
I last saw ar alive on Feb 11 1960, death is said to have occurred on the date stated above, at 2.20A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

Due To Chronic Cardiac
(b) Decompensation

Due To A
(c) terial Hypertension

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) Alfred C. Mucci M. D.
420 Broadway
(Address) Somerville Date 2/12 1960

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

DATE OF BURIAL Feb 15, 1960

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

ADDRESS

Received and filed MAR 4 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) widow
MARRIED WIDOWED or DIVORCED

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 4 Months 1 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Own home

15 Social Security No. 011-01-3743

16 BIRTHPLACE (City) Prince Edward Island
(State or country)

17 NAME OF FATHER John Conohan

18 BIRTHPLACE OF FATHER (City) Prince Edward Island
(State or country)

19 MAIDEN NAME OF MOTHER Melvina Aitken

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

21 Informant Paul D. Magee
(Address) 8 York Rd., Winchester

A TRUE COPY

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

DATE FILED Feb 15, 1960 19

V.B.

MAR - 31 1960 AM

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.

35

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No. _____

No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
1 FULL NAME SOPHIE FITZPATRICK (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. 103 Endicott Ave St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months 12 days. In place of residence 42 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 14 1960
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from DEC 4 1959 to FEB 11 1960
I last saw alive on FEB 4 1960, death is said to have occurred on the date stated above, at 1136A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY EDEMA

Due To (b) CORONARY OCCLUSION

Due To (c) HYPERTENSIVE HEART DISEASE

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) Dr. M. A. F. Levesque, M. D.
(Address) 109 Endicott Ave, Revere Date 2/14 1960

6 Glenwood Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb 16, 1960

7 NAME OF FUNERAL DIRECTOR Picella Funeral Service
ADDRESS 876 Winthrop Ave, Revere

Received and filed FEB 15 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of James Fitzpatrick (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 7 Months 12 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) Canada
(State or country)

17 NAME OF FATHER John Conrad

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

19 MAIDEN NAME OF MOTHER Emiline Knickle

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

21 Informant Margaret Smith
(Address) 109 Endicott Ave, Revere

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

Ralph G. Levesque
(Signature of Agent of Board of Health or other)
Health Officer 2/15/60
(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

FEB 15 1950

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.

36

No. 267 Washington Avenue, Winthrop

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

2 FULL NAME LYMAN R. McKAY (changed by C.O.)
(If deceased 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. 267 Washington Avenue, Winthrop
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 25 years.....months.....days. In place of residence 50 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 15, 1960
(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.)
Parkinsonism

Cerebral contusion

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 2/12 19 60

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? home

Manner of (Specify type of place)
Injury Accidental fall to floor

(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 2/15/60

7 Winthrop Winthrop
(City or Town)

Place of Burial, or Cremation.

DATE OF BURIAL Feb. 13 19 60

8 NAME OF FUNERAL DIRECTOR Howard Remolds

ADDRESS Winthrop Mass

Received and filed FEB 16 1960 19

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR white 11 SINGLE (write the word)
MARRIED WIDOWED DIVORCED Married

11a If married, widowed, or divorced Ida Grover
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 69 Years 11 Months 10 Days 11a If under 24 hours
Hours Minutes

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

15 Industry or Business: Marine

16 Social Security No. 015-13-47-9

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

18 NAME OF FATHER John Boudak

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

20 MAIDEN NAME OF MOTHER Henrietta McKay

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

22 Informant Ida G McKay
(Address) 267 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:

Ralph E. Seranow
(Signature of Agent of Board of Health or other)
Health Officer 2/16/60
(Official Designation) (Date of Issue of Permit)

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 physicians to insert a recital to that effect.

35M-11-59-926662

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.)"

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital



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. 37

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

PHYSICIAN — IMPORTANT

2 FULL NAME Keough, Henry E.

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

{(Was deceased a
U. S. War Veteran,
if so specify WAR)INSTRUCTIONS
FOR
CERTIFICATE(a) Residence. No. 78 Waldemar Ave.
(Usual place of abode)

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

Length of stay: In place of death years months 28 days. In place of residence 50 years months days.

n giving
E 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
ease, or compli-
which causedditions, if any,
a gave rise to
e cause (a),
g the under-
cause lost.ditions contrib-
o death but not
to the terminal
condition givenChapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH Feb 19 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 22, 1960, to Feb 19, 1960, 19.I last saw him alive on Feb 19 1960, death is said to
have occurred on the date stated above, at 2:00 AM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

Due To
(b) Coronary Artery heartDue To
(c) diseaseOTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased no
If so, specify

(Signed) Charles Liberman, M. D.

Charles Liberman
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop Date 2/19/60

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

DATE OF BURIAL Feb. 26 1960

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

Received and filed FEB 23 1960 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 Grace E Perkins
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 72 10 26
Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Contractor
(Kind of work done during most of working life)

14 Industry or Business: Plumbing and Heating

15 Social Security No. 023-09-9918

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

17 NAME OF FATHER Henry E Keough

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

19 MAIDEN NAME OF MOTHER Charlotte Rogers

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)21 Informant Grace E Keough
(Address) 78 Waldemar Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Gerald C. Seriaurus
(Signature of Agent of Board of Health or other)Health Officer 2/23/60
(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.



FEB 23 1960 TH

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. 38

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 921 Shirley St.

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

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

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

PHYSICIAN — IMPORTANT

(a) Residence. No. 921 Shirley St.
(Usual place of abode) 12

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 21 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
May 1930 to Feb 21 1960
I last saw him alive on Feb 18 1960, death is said to
have occurred on the date stated above, at 6:05 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial 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?
If so, specify

(Signed) Joseph H. Reynolds, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop, Mass. Date Feb 23 1960

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb. 25 1960

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

Received and filed February 24 1960

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 Carolina Anderson
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 7 Months 8 Days
If under 24 hours Hours Minutes

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

14 Industry or Business: Painting

15 Social Security No. None

16 BIRTHPLACE (City) Sweden
(State or country)

17 NAME OF FATHER Unable to obtain Lindberg

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

19 MAIDEN NAME OF MOTHER Unable to obtain

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

21 Informant Label Caldwell
(Address) 921 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) 2/24/60

M R-301A

INSTRUCTIONS
FOR
A CERTIFICATE

in giving
OF DEATH

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

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

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

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

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
to print or type
nder signature.

1-6-59-925686

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

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

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 24 1960

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 39

No. Mount's Convalescent Home, Inc.

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

6 Hutchinson St. Winthrop

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 6 months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 23, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 20 1959 to Feb. 23 1960

I last saw him alive on Feb. 22 1960, death is said to

have occurred on the date stated above, at 12:15 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic MyocarditisINTERVAL BE-
TWEEN ONSET
AND DEATH

6 mos.

ANTE DUE To Cardiac Decompensation
CEDENT (b) CAUSES

6 mos.

Due To Arteriosclerotic Heart
(c) Disease

6 mos.

OTHER SIGNIFICANT Post-operative resection
CONDITIONS Obstruction of bowelMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify.

(Signed) Dr. C. A. Caplan M.D. Date 2/23/60
(Address) 186 Princeton St. E. B.6 LINCOLN PARK WARRICK R.I.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 2-24 1960

7 NAME OF FUNERAL DIRECTOR MAX SUGARMAN

ADDRESS PROVIDENCE R.I.

Received and filed FEB 23 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED W widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of SOPHIE FLEISHER
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 25 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation SKITCHER
(Kind of work done during most of working life)

14 Industry or Business GARMENT MANUFACTURER

15 Social Security No. 030-03-2242

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Simon ELLMAN

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

19 MAIDEN NAME OF MOTHER BERTRUDE ASHKENIS

20 BIRTHPLACE OF MOTHER RUSSIA
(State or country)21 Informant SOPHIE HASIDAN
(Address) 6 HUNTINGTON 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) 2/23/60

RM R-301A

INSTRUCTIONS
FOR
CAL CERTIFICATEIn giving
SE OF DEATHDo not enter
more than one
use for each
(a), (b) and (c)his does not mean
ode of dying, such
t failure, asthenia,
means the disease,
implications which
death.orbid conditions,
giving rise to the
cause (a) stating
underlying causeconditions contrib-
to the death but not
to the disease or
on causing death.

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

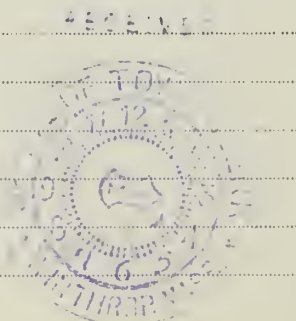
DATE OF ENTERING MILITARY SERVICE

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

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

STANDARD CERTIFICATE OF DEATH

Registered No. 40

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 181 Court Road

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

2 FULL NAME. Allan Clifford Bangs
(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. 181 Court Road
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 26 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
February 5, 1960, to February 26, 1960
I last saw him alive on February 22, 1960, death is said to
have occurred on the date stated above, at 8:18 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

2 hrs.

Due To
(b)

Due To
(c)

OTHER
SIGNIFICANT Diverticulosis of colon
CONDITIONS

2 wks.

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) John F. Collins, M.D.

(PRINT OR TYPE SIGNATURE)

(Address) 27 Bennington Street, Revere, Mass.

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

DATE OF BURIAL February 29, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 29 1960

(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 Margaret Lillian Crane
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 5 Months 26 Days If under 24 hours
Hours Minutes

13 Usual Occupation: warehouseman and mover
(Kind of work done during most of working life)

14 Industry or Business: general moving business

15 Social Security No. 011-12-5583

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

17 NAME OF FATHER Harry Nathan Bangs

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

19 MAIDEN NAME OF MOTHER Helen MacDonald

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

Informant Mrs. Allan C. Bangs
(Address) 181 Court Road, Winthrop

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

(Signature of Agent of Board of Health or other)

Health Officer 2/29/60

(Official Designation) (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
L CERTIFICATE

in giving
OF DEATH

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

does not mean
ode of dying,
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
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
to print or type
nder signature.

0-6-59-925686

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

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

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

FEB 20 1960

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
se, 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
ans to print or
the cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
nder signature.

6-59-923686

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. 41

PLACE OF DEATH

1

No.

May Flaster Home

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

2 FULL NAME

Genesis Bartolomucci

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

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

PHYSICIAN — IMPORTANT

(a) Residence. No.

402 Revere

St.

Revere 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 29 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Feb 26 - 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY. That I attended deceased from

Feb 6, 1960, to Feb 26, 1960

I last saw him alive on Feb 26, 1960, death is said to
have occurred on the date stated above, at 12:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

CARCINOMA LUNGS

INTERVAL
BETWEEN
ONSET AND
DEATH

2 1/2 hrs

Due To

(b)

CARCINOMA BILATERAL
KIDNEYS

3 1/2 hrs

Due To

(c)

CARCINOMA OF
INTESTINES

3 1/2 hrs

OTHER
SIGNIFICANT
CONDITIONS

CARDIAC FAILURE

1 day

Was autopsy performed?

none

What test confirmed diagnosis?

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

If so, specify

(Signed)

Andrew Catino, M. D.
ANDREW CATINO MD
(PRINT OR TYPE SIGNATURE)

(Address)

603 B. Broadway, Boston, Mass. Date Feb 27, 1960

6

Holy Cross Medical

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Feb 28, 1960

7 NAME OF

FUNERAL DIRECTOR

J. J. Sementa

ADDRESS

224 State St. Boston

Received and filed

FEB 29 1960

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 65 Years.....Months.....Days

If under 24 hours

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

13 Usual

Occupation:

Carpenter

(Kind of work done during most of working life)

14 Industry

or Business:

Cabinet Making

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF FATHER

ANGEL BARTOLOMUCCI

18 BIRTHPLACE OF

FATHER (City)

Italy

(State or country)

19 MAIDEN NAME

OF MOTHER

Rosalia Campagna

20 BIRTHPLACE OF

MOTHER (City)

Italy

(State or country)

21

Informant

(Address)

Giovanni Bartolomucci

402 Revere St

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

Gale C. Sementa

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

2/29/60

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.

FEB 29 1900 PM

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

35M-11-59-926662

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. 42

No. 30 Grovers Avenue, Winthrop

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

2 FULL NAME CRAIG 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)

(a) Residence. No. 30 Grovers Avenue, Winthrop
(Usual place of abode)

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

Length of stay: In place of death.....years.....5.....months.....13.....days. In place of residence.....years.....5.....months.....13.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 26, 1960
(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 injury

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) Leonard Atkins, M. D.

Leonard Atkins, M.D.

(Address) 25 Shattuck St. Date 2/26 19 60

7 Winthrop Winthrop

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL Feb. 29 19 60

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

Winthrop, Mass.

ADDRESS FEB 29 1960

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

18 NAME OF FATHER John K Mitchell

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

20 MAIDEN NAME OF MOTHER Barbara Pierce

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

22 Informant John K Mitchell
(Address) 30 Grovers Ave. Winthrop

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

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

Health Officer 2/29/60
(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

FEB 9 1917

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths supposably due 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.)"

Suffolk

(County)

Dorset

(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. 00316

No. 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 Cornelius H. MITCHELDER

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

(Was deceased a
U. S. War Veteran, WW 2
if so specify WAR)(a) Residence No. 36 Tewksbury
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. years months -1 days In place of residence 60 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 9 1960
(Month) (Day) (Year)I HEREBY CERTIFY That I attended deceased from
January 9 1960 to January 9 1960death is said to
have occurred on the date stated above, at 12:55 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

24 Hrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Occlusion of circumflex right
coronary artery with acute

myocardial infarction

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Yes
What test confirmed diagnosis? Autopsy & laboratory
findings5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Henry E. Simmons, M.D.

(PRINT OR TYPE SIGNATURE)

(Address) VA Hospital, Boston Date Jan. 9 1960

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

DATE OF BURIAL January 12, 1960

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St., Winthrop, Mass.

Received and filed JAN 12 1960

Charles M. [Signature]

(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 Mary Crawford
(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 5 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Asst. Supt. Street Dept.
(Kind of work done during most of working life)

14 Industry or Business: Town of Winthrop

15 Social Security No. None

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

17 NAME OF FATHER Herbert G. Batchelder

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

19 MAIDEN NAME OF MOTHER Roslyn Ferren

20 BIRTHPLACE OF MOTHER (City) Taunton
(State or country) Mass.21 Informant Mary Batchelder (Wife)
(Address) 36 Tewksbury 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)

6152 1-11-60
(Official Designation) (Date of Issue of Permit)

R-301A

PLACE OF DEATH

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHto not enter
more than one
cause for each
(a), (b) and (c)does not mean
mode of dying,
as heart failure,
etc. It means
cause, or compli-
cation which causedditions, if any,
which gave rise to
the cause (a),
being the under-
lying cause last.conditions contrib-
uted 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
ter 48, Acts of
requires Physi-
cians to print or type
under signature.

cal examiner

raived

isdiction

MAR 23 1960

OM-6-59-925886

A TRUE COPY ATTEST:

Charles H. Inackie

City Registrar

3.-THIS IS A
PERMANENT RECORD.
Use only

TE APPROVED
Ink or black
writer ribbon.

INSTRUCTIONS
FOR
VITAL CERTIFICATE

In giving
OF DEATH

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

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

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

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

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

CHAP. 46, § 9 &

CHAP. 114, § 45.

CHAP. 38, § 6.)

IR 23 1960

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. 00898

No. BOSTON STATE HOSP. (If death occurred in a hospital or institution, St. give its NAME instead of street and number)
2 FULL NAME CUNNINGHAM, Annie (If deceased 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. 400 Revere St., St. Winthrop (If nonresident, give city or town and State)
Length of stay: In place of death 43 years, 3 months, 14 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH JAN. 9, 1960 (Month) (Day) (Year)	8 SEX F	9 COLOR W	10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
4 I HEREBY CERTIFY That I attended deceased from JAN. 7, 1960, to JAN. 9, 1960 I last saw her alive on JAN. 9, 1960, death is said to have occurred on the date stated above, at 3:50 P.M. INTERVAL BETWEEN ONSET AND DEATH 30 MIN.		10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis		11 IF STILLBORN, enter that fact here.	
Due To (b)	12 AGE 78 Years Months Days If under 24 hours Hours Minutes	13 Usual Occupation: Factory Worker (Kind of work done during most of working life)	
Due To (c)	14 Industry or Business: Candy factory	15 Social Security No. None known	
OTHER SIGNIFICANT CONDITIONS: Sigmoid Volvulus 2 days	16 BIRTHPLACE (City) Boston (State or country) Mass.	17 NAME OF FATHER Timothy Cunningham	
Was autopsy performed? What test confirmed diagnosis?	18 BIRTHPLACE OF FATHER (City) Ireland (State or country)	19 MAIDEN NAME OF MOTHER Bridget Norton	
5 Was disease or injury in any way related to occupation of deceased? No If so, specify	20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)	21 Informant Med. Records Boston State Hospital (Address) 591 Norton St., Dorchester 21, Mass.	
(Signed) Robert J. Greene, M. D. (Address) Boston State Hosp. Date 1-9-1960	I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with the REPORT, the burial or transit permit was issued: (Signature of Agent of Board of Health or other) E 24751 1/26/60 (Official Designation) (Date of Issue of Permit)		
6 Place of Burial or Cremation Mt. Hope, Boston Jan. 27, 1960 (City or Town) DATE OF BURIAL January 27, 1960	7 NAME OF FUNERAL DIRECTOR Mary J. Burns ADDRESS 111 Center St. Roxbury, Mass. Received and filed Charles F. 7-2-60 (Registrar)		

A TRUE COPY ATTEST:

Wm. H. Mackie

Notary Public

B.-THIS IS A
MAJEST RECORD.
Use only

ATE APPROVED
ck ink or black
ewriter ribbon.

INSTRUCTIONS
FOR
ICAL CERTIFICATE

In giving
SE OF DEATH

do not enter
more than one
ause for each
(A), (b) and (c)

his does not mean
made of dying,
as heart failure,
na, etc. It means
disease, or compli-
s which caused

ditions, if any,
ich gave rise to
ose cause (a),
sing the under-
ng cause last.

Conditions contrib-
e to death but not
d to the terminal
ir condition given
a)

Chapter 137,
of 1954, requires
sicians to print or
the cause or
es of death on
h certificates.

CHAP. 46, § 9 &

CHAP. 114, § 45,

CHAP. 137, § 10

General Director:

lease use only
BLACK ink.

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.

00274

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 Myer Wolfgang
(If deceased 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. 204 Shirley St.
(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 12 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 9 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That deceased decreased from
Dec. 28, 1959 to Jan. 9, 1960

last saw him alive on Jan 9, 1960, death is said to
have occurred on the date stated above, at 9:50 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic Carcinoma

INTERVAL
BETWEEN
ONSET AND
DEATH

2 yrs.

Due To (b) Carcinoma of Duodenum

2 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)

Charles L. Clay, M.D.
Ass't Dir., Mass. Gen'l Hosp. Date Jan. 9 1960

6 Place of Burial or Crematory Crawford St. Cemetery W. Roxbury

DATE OF BURIAL January 10 1960 (City or Town)

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

ADDRESS

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

Male White 10 SINGLE Married

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

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

11 IF STILLBORN, enter that fact here.

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

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

14 Industry or Business Consumer Credit

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Samuel Wolfgang

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

19 MAIDEN NAME OF MOTHER Bessie Feldman

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

21 Informant Mrs. Myer Wolfgang
(Address) 204 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 C-24310

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Jan. 10 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

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)

Boston
(City or Town)

STANDARD CERTIFICATE OF DEATH

Registered No.

00592

No. The Boston Floating Hospital, 20 Ash

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

2 FULL NAME Michael O'Connell

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

PHYSICIAN — IMPORTANT

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

(a) Residence, No. 21 Douglas
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 16 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
December 28, 1959, to January 16, 1960
I last saw him alive on January 16, 1960, death is said to
have occurred on the date stated above, at 7:15 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CONG. HEART FAILURE
pulmonary edema

Due To (b) post operative - division of
patent ductus arteriosus

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) Paul M. Friedman, M.D.
PAUL M. FRIEDMAN, M.D.
(PRINT OR TYPE SIGNATURE)

(Address) Boston, Mass. Date 1/17 1960

Winthrop Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 19 1960

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St Winthrop

Received and filed Jan 20 1960

JAN 20 1960 (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 Years 2 Months 9 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) Massachusetts

17 NAME OF FATHER Edmund O Connell

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

19 MAIDEN NAME OF MOTHER Mary McNeil

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

21 Informant Edmund O Connell
(Address) 21 Douglass 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)
6260 1-18-60
(Official Designation) (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
AL CERTIFICATE

IN GIVING
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, (b) and (c)

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s heart failure,
s, etc It means
case, or compli-
which caused

itions, if any,
h gave rise to
e cause (a),
ng the under-
cause last

conditions 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, and
er 48, Acts of
requires Physi-
to print or type
under signature.

23 1960

OM-6-59-925686

A TRUE COPY ATTEST:

21

Charles H. Mackie

City Registrar

B.-THIS IS A
ANENT RECORD.
Use only

TE APPROVED
k ink or black
writer ribbon.

STRUCTIONS
FOR
AL CERTIFICATE

In giving
E OF DEATH

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is does not mean
mode of dying,
as heart failure,
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cause last.

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to death but not
d to the terminal
condition given

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

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

23 1960

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. **01256**

No. **Boston lying in Hospital** (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME **BABY BOY DUGGAN** (If deceased by a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **286 REVERE** 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		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH JAN. 31, 1960 (Month) (Day) (Year)		8 SEX Male	9 COLOR White
4 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1960 to Jan. 31, 1960 I last saw him live on Jan. 31, 1960 , death is said to have occurred on the date stated above, at 9:25 a.m.		10 SINGLE (write the word) MARRIED WIDOWED DIVORCED Single	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Pneumonia		10a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)	
Due To (b) _____		11 IF STILLBORN, enter that fact here.	
Due To (c) _____		12 AGE _____ Years _____ Months _____ Days If under 24 hours 5 Hours _____ Minutes	
OTHER SIGNIFICANT CONDITIONS Yes		13 Usual Occupation: _____ (Kind of work done during most of working life)	
Was autopsy performed? Yes What test confirmed diagnosis? Autopsy		14 Industry or Business: _____	
5 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____		15 Social Security No. _____	
(Signed) John J. Donnell , M. D. (Address) 313 Howard Ave Date 1/31 1960		16 BIRTHPLACE (City) Boston (State or country) MASS	
6 ST. MICHAELS - BOSTON Place of Burial or Cremation (City or Town) DATE OF BURIAL FEB. 4, 1960		17 NAME OF FATHER DANIEL DUGGAN	
7 NAME OF FUNERAL DIRECTOR ANDREWS & REED, INC. ADDRESS 231 BELMONT ST. BELMONT		18 BIRTHPLACE OF FATHER (City) CHELSEA, MASS. (State or country)	
Received and filed Charles H. In... 19 60 (Registrar)		19 MAIDEN NAME OF MOTHER MARGARET FLANNERY	
FEB 8 1960		20 BIRTHPLACE OF MOTHER (City) WINTHROP, MASS. (State or country)	
		21 Boston lying in Hospital Information (Address) 221 Howard Ave, Boston	
		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Theodore H. Hattick (Signature of Agent of Board of Health or other) F 24961 2-3-60 (Official Designation) (Date of Issue of Permit)	

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

-THIS IS
NENT RECORD.

se only
APPROVED
ink or black
writer ribbon.

TRUCTIONS
FOR
L CERTIFICATE

n giving
OF DEATH

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

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

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

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

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

CHAP. 46, §§ 9 &

CHAP. 114, §§ 45,

CHAP. 38, § 6.)

rol Director:
se use only
ACK INK.

AR 23 1960

MA TO 58-923886



The Commonwealth of Massachusetts

OUT - OF - TOWN 48

SUFFOLK

(County)

BOSTON

(City or 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 1546

STANDARD

CERTIFICATE OF DEATH

Registered No.

Massachusetts General Hospital PHILLIPS HOUSE

No. Howard

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

2 FULL NAME My. Frank Jenkins

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

PHYSICIAN - IMPORTANT

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

NO.

(a) Residence. No. 25 Somerset Ave. Winthrop, Mass. St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days. In place of residence 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 8 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
January 28, 1960 to February 8, 1960
I last saw him alive on February 8, 1960 death is said to

have occurred on the date stated above, at 6:20am m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

INTERVAL
BETWEEN
ONSET AND
DEATH
10 days

Due To Coronary Arteriosclerotic
(b) Heart Disease

5 yrs

Due To
(c)

OTHER
SIGNIFICANT CONDITIONS Carcinoma of Prostate
Broncho Pneumonia

6 yrs
7 days

Was autopsy performed?

What test confirmed diagnosis?

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

(Signed) Charles L. Clay, M.D.
(Address) Asst Dir., Mass. Gen'l Hosp. Date Feb. 8, 1960

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

DATE OF BURIAL February 10, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh.

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

FEB 11 1960

19

CHARLES L. CLAY (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED

male white

10a If married, widowed, or divorced
HUSBAND of Louisa Smith

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 years 7 Months 3 Days

If under 24 hours
Hours Minutes

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

14 Industry or Business: Trust Officer

15 Social Security No. 025-01-3352

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

17 NAME OF FATHER William H. Jenkins

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

19 MAIDEN NAME OF MOTHER Katherine Grey

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

21 Informant Margaret M. Jenkins
(Address) 95 Somerset Ave. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

R-302

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

25M-2-56-922072

PLACE OF DEATH

Middlesex

(County)

Lexington

(City or Town)

No. Metropolitan State Hospital

2 FULL NAME FOOTE, Lilly B.

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

(a) Residence. No. cannot learn

(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years 2 months 4 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 21, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1958, to Feb. 21, 1960

I last saw him alive on Feb. 21, 1960, death is said to

have occurred on the date stated above, at 2:55 AM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Chr. myocarditis

INTERVAL
BETWEEN
ONSET AND
DEATH

15 yrs

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

None

No

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) Henry L. Pelkus, M. D.

Met. State Hosp. Waltham 2/21/60

(Address) Date

6 Met-Fern Cemetery, Waltham

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 10, 1960

7 NAME OF FUNERAL DIRECTOR Lee M. Fraser

ADDRESS 245 Main St. Waltham

Received and filed APR 7 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

Lexington

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

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

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

Winthrop, Mass.

(If nonresident, give city or town and State)

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 (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 10 Months 28 Days If under 24 hours Hours Minutes

13 Usual Occupation: None (Ill)

(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None

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

17 NAME OF FATHER George W. Foote

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

19 MAIDEN NAME OF MOTHER cannot learn

20 BIRTHPLACE OF MOTHER (City) Liverpool
(State or country) Nova Scotia, Canada21 Informant (Address) Records-Metropolitan State
Hosp. 475 Trapelo Rd. Waltham, Mass.

A TRUE COPY

ATTEST: James J. Carroll
(Registrar of City or Town where death occurred)

DATE FILED March 10, 1960

APR - 21 1900

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 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-2-56-922072

X

1 PLACE OF DEATH

Suffolk
(County)

Revere
(City or Town)



The Commonwealth of Massachusetts

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

Revere

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. **50**

No. **Revere Memorial Hospital**

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

2 FULL NAME **(Baby Boy) Tolman**

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

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

(a) Residence. No. **95 Shirley**
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **February 25, 1960**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Feb. 25, 1960** to **Feb. 25, 1960**
I last saw him alive on **Feb. 25, 1960**, death is said to have occurred on the date stated above, at **4:20 P. m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Bilateral Atelectasis**

Due To **Prematurity**
(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? **no**
If so, specify

(Signed) **Guy A. DiStasio**, M. D.
221 Beach St.
(Address) **Revere** Date **2/26 1960**

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

DATE OF BURIAL **February 29 1960**

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

Received and filed **MAR 14 1960** 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**

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 **4** under 24 hours **4** Hours Minutes

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

14 Industry or Business:

15 Social Security No.

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

17 NAME OF FATHER **Frederick Tolman**

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

19 MAIDEN NAME OF MOTHER **Mary Moody**

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

21 Informant **Margaret Yates**
(Address) **95 Shirley St., Winthrop**

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

DATE FILED **March 1 1960**



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

51

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Bay View Nursing Home

No.

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

PHYSICIAN — IMPORTANT

2 FULL NAME **Patrick T. Cronin**

(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. **15 Olney Street,**
(Usual place of abode)**Dorchester, Mass.**

(If nonresident, give city or town and State)

Length of stay: In place of death **1** years **5** months **75** days. In place of residence **75** years **75** months **75** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **March 3, 1960**
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Oct. 22, 1958 to **March 3, 1960**
I last saw him live on **March 2, 1960**, death is said to
have occurred on the date stated above, at **6:10 a.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Arteriosclerotic heart disease**Due To (b) **generalized arteriosclerosis**

Due To (c)

OTHER SIGNIFICANT CONDITIONS **Bilateral inguinal hernia 10 yrs.**
Basal cell carcinoma post 11 yrs.
auricular region leftWas 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 **Mar. 3, 1960**6 **New Calvary, Boston, Mass.**Place of Burial or Cremation **March 5, 1960**

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR **BERNARD KELLY & SON, INC.**ADDRESS **310 BOWDOIN ST. DORCHESTER, MASS.**Received and filed **MAR 4 1960**

(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, give name of
HUSBAND of **Annie M. Noonan**
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **90** **11** **15**
AGE **90** Years **11** Months **15** Days If under 24 hours
Hours Minutes13 Usual Occupation: **Produce Dealer**
(Kind of work done during most of working life)14 Industry or Business: **Self employed**15 Social Security No. **None**16 BIRTHPLACE (City) **Ireland**
(State or country)17 NAME OF FATHER **Timothy Cronin**18 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)19 MAIDEN NAME OF MOTHER **Nancy O'Connor**20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)21 **Mr. Angello Morello, Attorney,**
Informant **11 Beacon St. Boston, Mass.**
(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)

Health Officer **3/4/60**
(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.....
.....

MAR - 1950

RULES OF PRACTICE

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

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

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

THIS IS A
VITAL RECORD.
e only

APPROVED
nk or black
iter ribbon.

INSTRUCTIONS
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

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
s to print or
e cause or
f death on
tificates.

AP. 46, §§ 9 &

AP. 114 §§ 45,

AP. 38 § 6.)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



41

Washington St

No. BayView Nursing Home

STANDARD CERTIFICATE OF DEATH

Registered No.

52

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

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

2 FULL NAME REBECCA LIPSITZ

(If deceased 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. 140 Bellingham

St. Chelsea

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 4 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from DECEMBER, 1954, to MARCH 4, 1960

I last saw her alive on MARCH 4, 1960, death is said to

have occurred on the date stated above, at 9:10 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
6 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHOPNEUMONIA

Due To (b) ARTERIOSCLEROTIC HEART DISEASE

9 YEARS

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis? EXAMINATION

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

If so, specify

J. Albert Karp

(Signed) J. Albert Karp, M. D.

(Address) CRESCENT AVE. CHELSEA Date 3/4 1960

6 Onikchty Society Melrose

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 6 1960

7 NAME OF FUNERAL DIRECTOR Torf Funeral Srevice Inc

ADDRESS Chelsea Mass

Received and filed MAR 7 1960 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)

Israel Lipsitz

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 72

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF

FATHER

David

Saxe

PARENTS

18 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

19 MAIDEN NAME

OF MOTHER

C.B.L.

20 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

21

Informant

(Address)

Ann Barron

140 Bellingham St Chelsea

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)

3/6/60

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.

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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.

MAR - 7 1960

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

53

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)

PHYSICIAN — IMPORTANT

2 FULL NAME Baby Girl 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. *2 Poplar St*
(Usual place of abode)St. *Mass*

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *3* *5* *1960*
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
3/4/60, 19...., to *3/5/60*, 19....
I last saw *her* alive on *3/5/60*, 19...., death is said to
have occurred on the date stated above, at *3:30 A* m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Pneumonia*INTERVAL
BETWEEN
ONSET AND
DEATH
*1 day*Due To
(b) *Aspiration of mucus*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) *William Glazier*, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) *190 Pleasant St* Date *3/5/60* 19....6 *Winthrop Community Hospital* *Mass*
Place of Burial or Cremation (City or Town)
DATE OF BURIAL *March 7* 19*60*7 NAME OF FUNERAL DIRECTOR *John H. Gonyea*
ADDRESS *Mass*Received and filed *MAR 7 1960* 19....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE.....Years.....Months *2* Days

If under 24 hours

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

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) *Winthrop Mass*17 NAME OF FATHER *John J. Thompson*

18 BIRTHPLACE OF FATHER (City)

(State or country) *Boston Mass*19 MAIDEN NAME OF MOTHER *Elizabeth Cappelletti*

20 BIRTHPLACE OF MOTHER (City)

(State or country) *Storford Conn*

21

Informant
(Address) *2 Poplar St Mass*I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *3/7/60*

R-301A

PLACE OF DEATH

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)es not mean
of dying,
heart failure,
tc. It means
, or compli-
which causedns, if any,
ave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
as to print or
cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

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.

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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.

MAR - 7 1960

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)

No. 41 Washington Ave.

STANDARD CERTIFICATE OF DEATH

Registered No. 54

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

(a) Residence, No. 73 Plummer Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 5 years 11 months days. In place of residence 24 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 6, 1960
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from
Dec. 8, 1950 to March 6, 1960

I last saw her alive on March 5, 1960, death is said to
have occurred on the date stated above, at 5 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Arteriosclerotic heart disease

INTERVAL
BETWEEN
ONSET AND
DEATH

2 yrs.

Due To Generalized arteriosclerosis
(b)

10 yrs

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Senile dementia 7 yrs.
Cholelithiasis 7 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. Traunstein, Jr., M.D. M. D.
(PRINT OR TYPE SIGNATURE)

(Address) 73 Bartlett Rd. Date March 7, 1960
Winthrop 52, Mass.

6 Place of Burial or Cremation Calvary Boston
DATE OF BURIAL March 9 1960

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

Received and filed MAR 8 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours
Hours Minutes

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

14 Industry or Business Filenes

15 Social Security No. 011-10-3954 A

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

17 NAME OF FATHER John Keefe

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

19 MAIDEN NAME OF MOTHER Johanna Shea

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

21 Informant Dorothy Riley
(Address) 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 or Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/8/60

1.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:

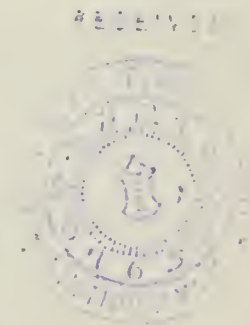
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(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 poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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



MAR - 8 1960

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)

No. 104 Highland Ave

STANDARD CERTIFICATE OF DEATH

Registered No. 55

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

(a) Residence, No. 10 Prospect St.
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 7, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
1 June 1951, to March 1960.
I last saw her alive on 3 March 1960, death is said to
have occurred on the date stated above, at 3:15 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Anemia, secondary

Due To (b) Esophageal Diverticulum
Esophageal Hiatus Hernia

Due To (c)

OTHER SIGNIFICANT CONDITIONS Senility
Terminal Pneumonia 1 wk

Was autopsy performed? no
What test confirmed diagnosis? clinical - x-ray

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

(Signed) Arthur C. Murray, M.D.
Arthur C. Murray
(PRINT OR TYPE SIGNATURE)
(Address) Winthrop Date 8 March 60

6 Norfolk Cemetery Norfolk Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 12, 1960

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

Received and filed 3-9-60 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 Thomas H. Smalley
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.
12 86
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. None

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

17 NAME OF FATHER Thomas Murray

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

19 MAIDEN NAME OF MOTHER Celia Doherty

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

21 Informant O.A. Ass't records
(Address) Town Hall 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 3/9/60
(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.

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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.

MAR - 1960

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

Cambridge

COPY OF CERTIFICATE OF DEATH

Registered No. **399**

56

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

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

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

(a) Residence. No. **20 Neptune Avenue** **Winthrop, Massachusetts**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years **3**.....months **8**.....days. In place of residence.....**1** years.....**1** months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **March 11 1960**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **December 3 1959**, to **March 11 1960**
I last saw her alive on **March 11 1960**, death is said to have occurred on the date stated above, at **9:50 PM**

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Congenital Heart Disease
(Interatrial septal defect)**

Due To (b) **Pulmonary Congestion with
Patchy Atelectasis**

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) **Richard M. Dart**, M. D.

(Address) **Holy Ghost Hospital, Cambridge, Mass.** Date **3/12 1960**

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

DATE OF BURIAL **March 14 1960**

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

Received and filed **March 14 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 AGI **1** Years **1** Months **1** Days
If under 24 hours
.....Hours.....Minutes

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

14 Industry or Business: **None**

15 Social Security No. **None**

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

17 NAME OF FATHER **Kenneth Bennett**

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

19 MAIDEN NAME OF MOTHER **Delores Crowe**

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

21 Informant **Kenneth Bennett**
(Address) **20 Neptune Ave., Winthrop, Mass.**

A TRUE COPY **Frederick H Burke**

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

DATE FILED **19**

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

25M-2-58-922072

R-302

PLACE OF DEATH

1

Middlesex
(County)

Cambridge
(City or Town)



APR - 5 1930 AM

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

Winthrop Community Hospital

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.

57

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

PHYSICIAN — IMPORTANT

2 FULL NAME Dr Abraham S Shubow

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

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

(a) Residence. No. 144 Shore Drive Winthrop

(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 11 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
December 1956 to March 11 1960I last saw him alive on March 11 1960, death is said to
have occurred on the date stated above, at 2:50 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive heart failure

INTERVAL
BETWEEN
ONSET AND
DEATH
14 yrs

Due To arterial hypertension

(b)

Due To

(c)

OTHER
SIGNIFICANT CONDITIONS cerebral thrombosis (old)
Coronary arteriosclerosis

Was autopsy performed? no

What test confirmed diagnosis? x-rays Cc.

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

(Signed) H. B. Greenfield, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 144 Shore Drive Winthrop Mass Date 3-11-1960

6 Meretz Society Cem Woburn Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 13 1960

7 NAME OF FUNERAL DIRECTOR Henry Levine

ADDRESS 470 Harvard St Brookline Mass

Received and filed MAR 14 1960

(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

Charlotte Resh

(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:

Dentist

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Lithuania

17 NAME OF

FATHER

Morris J. Shubow

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Lithuania

19 MAIDEN NAME

OF MOTHER

Esther Lasker

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Lithuania

21

Informant

(Address)

Charlotte Shubow

144 Shore Drive Winthrop Mass

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

(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..... 4 - 41
 DATE OF DISCHARGE..... 1946
 RANK, RATING..... Captain
 ORGANIZATION AND OUTFIT..... Medical Corps
 SERVICE NUMBER..... 025-41-75

RULES OF PRACTICE

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

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

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

MAR 1 1960

THIS IS A
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CTIONS
FOR
CERTIFICATE

giving
OF DEATH

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of dying,
heart failure,
etc. It means
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condition given

Chapter 137,
954, requires
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AP. 46, §§ 9 &
AP. 114 §§ 45,
AP. 38 § 6.)

PLACE OF DEATH
1

Suffolk

(County)

Winthrop

(City or Town)

No.

Caroline S. West,

2 FULL NAME

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

(a) Residence. No. 72 Grandview 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 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

5/3, 1955, to 3/11, 1960

I last saw her alive on 3/9, 1960, death is said to

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

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL VASCULAR ACCIDENT

INTERVAL
BETWEEN
ONSET AND
DEATH
2 DAYS

Due To

(b) GENERAL ARTERIO SCLEROSIS

5 YRS.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

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

If so, specify

(Signed) Myron H. King M.D., M. D.

(Address) 222 Pleasant St Date 3/11, 1960

6 Glenwood Cemetery, Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 14, 1960 19

7 NAME OF

FUNERAL DIRECTOR J. E. Henderson Co.,

ADDRESS 517 Broadway, Everett, Mass.

Received and filed MAR 14 1960 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

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

STANDARD

CERTIFICATE OF DEATH

Registered No.

58

{(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, none
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

Andrew West

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 92 Years 10 Months 13 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: At home

(Kind of work done during most of working life)

14 Industry

or Business: None

15 Social Security No.

None

16 BIRTHPLACE (City)

Gutenberg, Sweden

(State or country)

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17 NAME OF

FATHER

Unknown - Carlson

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Sweden

19 MAIDEN NAME

OF MOTHER

Unknown

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Sweden

21

Informant

(Address)

Ernest W. West.

72 Grandview Ave., Winthrop,

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the 1st or transit permit was issued:

Ralph E. Lippman

(Signature of Agent of Board of Health or other)

(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.

MAR 1 1900

PLACE OF DEATH

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

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

Registered No.

59

No. 29 Washington Ave., Winthrop

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

2 FULL NAME JAMES HENRY HUDSON

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

PHYSICIAN - IMPORTANT

{(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 29 Washington Ave.
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 17, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MARCH 17, 1960 to March 17, 1960
I last saw him alive on MARCH 17, 1960, death is said to
have occurred on the date stated above, at 10:40 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

1 hour

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

Due To (b) Coronary Artery
Heart Disease

5 yrs

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

None

Was autopsy performed?

No

What test confirmed diagnosis? Clinical

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

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass. Date 3/18/1960

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

DATE OF BURIAL March 21, 1960

7 NAME OF FUNERAL DIRECTOR FRANK H. CARR

ADDRESS 79 Elm St., Charlestown, Mass.

Received and filed MAR 18 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

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 83 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Retired Lumberman

(Kind of work done during most of working life)

14 Industry

or Business: Charlestown Storage Co.

15 Social Security No. 012-05-4968A

16 BIRTHPLACE (City)

(State or country) Boston Massachusetts

17 NAME OF FATHER

Michael H. Hudson

18 BIRTHPLACE OF FATHER (City)

(State or country) Boston Mass.

19 MAIDEN NAME

OF MOTHER Mildred White

20 BIRTHPLACE OF MOTHER (City)

(State or country) Boston Mass.

21

Informant Mrs. Edward M. Scannell

(Address) 29 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)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

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. 60

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)

PHYSICIAN — IMPORTANT

2 FULL NAME James N. Scott
(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. 8 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 11 days. In place of residence 36 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 17 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
March 5, 1960, to March 17, 1960
I last saw him alive on March 17, 1960, death is said to
have occurred on the date stated above, at 5:45 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To arteriosclerosis

(b) 11 days

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. B. Greenfield, M. D.

(Address) 44 Bennington St., E. Boston
Date 3-17-1960

6 Woodlawn Cemetery, Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 21st 1960

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

Received and filed MAR 18 1960 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 E. Dunn
(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 6 Months 21 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Carpenter
(Kind of work done during most of working life)

14 Industry or Business: Marine Works

15 Social Security No. 021-05-9637

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

17 NAME OF FATHER Nelson Scott

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

19 MAIDEN NAME OF MOTHER Lorinah Pineo

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country) Canada21 Informant Mrs. Elizabeth E. Scott-wife
(Address) 8 Barnes Ave., 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) Seal of Office 3/18/60
(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.

MAR 1 2 1960

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.

61

No. 42 Nahant Avenue, Winthrop

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

FULL NAME HAROLD XXXXX KAPLAN

(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 Nahant Avenue, 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...6...years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 18, 1960
 (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.)

Penetrating gunshot wound of head
 with perforation of brain

5 Accident, suicide, or homicide (specify) Suicide
 Date and hour of injury 3/18 19. 60

IF ACCIDENTAL, was injury causally related to the death?

Where did Winthrop, Massachusetts
 Injury occur? (City or town and State)

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

Manner of Self-inflicted 22 cal. rifle
 Injury (Specify type of place)

Nature of wound of head
 Injury (How did injury occur?)

While at work? Was autopsy performed? Yes

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

If so, specify

(Signed) Michael A. Luongo, M.D.
 Michael A. Luongo, M.D.

(Print or Type Signature)
 (Address) Boston Date 3/18 19. 60

7 STARO KONSTANTINOV - WEST ROXBURY
 Place of Burial, or Cremation (City or Town)

DATE OF BURIAL MARCH 20 1960

8 NAME OF FUNERAL DIRECTOR MORRIS W. BREZNIAK
 ADDRESS 470 HARVARD ST. BROOKLINE

Received and filed MAR 21 1960 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)
 MALE WHITE MARRIED WIDOWER
 or DIVORCED

11a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 husband of GINDA BRAVERMAN
 (or) wife of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 53 Years, 6 Months, 10 Days If under 24 hours
 Hours Minutes

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

15 Industry or Business: PLUMBING

16 Social Security No. 010-28-0698

17 BIRTHPLACE (City) CHelsea
 (State or country)

18 NAME OF FATHER SAMUEL KAPLAN

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

20 MAIDEN NAME OF MOTHER FANNIE GOULD

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

22 Informant MARSHALL 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:

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

(Official Designation) (Date of Issue of Permit) March 20, 1960

103V

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

62

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
(if so specify WAR)2 FULL NAME LaCentra, Marion (Howlett)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 37 Cliff Ave., Winthrop
(Usual place of abode)

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

Length of stay: In place of death 2 years months 2 days. In place of residence 48 years months days.

INSTRUCTIONS
FOR
AL CERTIFICATEn giving
E OF DEATHnot enter
re than one
se for each
, (b) and (c)does not mean
ode of dying,
heart failure,
etc. It means
case, or compli-
which causeditions, if any,
a gave rise to
cause (a),
g the under-
cause last.nditions contrib-
o death but not
to the terminal
condition givenChapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
o print or type
under signature.

1-6-59-925686

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 18 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 6, 1960 to March 18, 1960
I last saw her alive on March 18, 1960, death is said to
have occurred on the date stated above, at 11:25p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic and hyper-
tensive heart diseaseDue To Generalized arteriosclerosis
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS Benign nephrosclerosis

Was autopsy performed? No
What test confirmed diagnosis? Clinical & laboratory5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dr. Traunstein, Jr., M.D.

M. Traunstein, Jr., M.D.

(PRINT OR TYPE SIGNATURE)

(Address) 73 Bartlett Rd., Winthrop 52, Mass. March 19, 60

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

DATE OF BURIAL March 22 1960

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

Received and filed MAR 22 1960 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 Gerard LaCentra
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 4 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.

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

17 NAME OF FATHER Robert Howlett

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

19 MAIDEN NAME OF MOTHER Rebeca Walker

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Gerard LaCentra
Informant (Address) 37 Cliff Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Alph. S. Traunstein, Jr.
(Signature of Agent of Board of Health or other)The Health Officer 3/22/60
(Official Designation) (Date of Issue of Permit)

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

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

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

63

Suffolk
(County)

Winthrop
(City or Town)

STANDARD CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital
Pearl Muzroll Anderson (Pitre)

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

PHYSICIAN — IMPORTANT

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

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

(a) Residence. No. 60 Main St., Winthrop.
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAR 19 1960.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
MAR 19, 1960 to MAR 19, 1960
I last saw her live on MAR 19, 1960, death is said to
have occurred on the date stated above, at 7:50 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE PULMONARY EDEMA

INTERVAL
BETWEEN
ONSET AND
DEATH
3 1/2 HR.

Due To (b) HYPERTENSIVE HEART DIS

2 YRS.

Due To (c)

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS

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) Myron N. King M. D.
MYRON N. KING M.D.
(PRINT OR TYPE SIGNATURE)
(Address) 222 PLEASANT ST. WINTHROP Date 3/19/60

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 23 1960

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

Received and filed 19.....

MAR 22 1960

(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 Ernest Anderson
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 66 AGE.....Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

14 Industry or Business: Own home

15 Social Security No.

16 BIRTHPLACE (City) Canada
(State or country)

17 NAME OF FATHER Victor Pitre

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

19 MAIDEN NAME OF MOTHER ---- Gaudin

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

21 Informant (Address) Blanche Wallace
53 Pleasant Park Road Wint

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

Ralph C. Williams
(Signature of Agent of Board of Health or other)

Healer Office 3/22/60
(Official Designation) (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
L CERTIFICATE

not giving
OF DEATH

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

daes nat mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which caused

itions, if any,
gave rise to
cause (a),
g the under-
cause lost.

ditions contrib-
to death but nat
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates, and
r 48, Acts of
quires Physi-
o print or type
nder signature.

1-6-59-925686

MEDICAL EXAMINER DECLINED JURISDICTION

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

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. **64**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 6 Bartlett Rd.

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

2 FULL NAME Mary (Hodgkins) Walker

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

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

PHYSICIAN — IMPORTANT

(a) Residence. No. 86 Bartlett Rd.
(Usual place of abode)

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

Length of stay: In place of death 42 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 19 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3/19 1960, to 3/19 1960

I last saw her Dec 31/9 1960, death is said to have occurred on the date stated above, at 1:45 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) HYPERTENSIVE & ARTERIO-SCLEROTIC

Due To HEART DIS. & ANGINA

(b) DOCTOR'S

Due To (c)

OTHER SIGNIFICANT CONDITIONS NONE

Was autopsy performed? NO

What test confirmed diagnosis? HISTORY

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

(Signed) Myron N. King, Myron N. King, M. D.
222 Pleasant St. Winthrop, Mass.

(Address) 222 Pleasant St. Date 3/21/60

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

DATE OF BURIAL March 22 1960

7 FUMERAL DIRECTOR Howard Rembold

ADDRESS

Received and filed MAR 22 1960

(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 Frank B. Walker (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 3 Months 6 Days If under 24 hours Hours Minutes

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

14 Industry or Business: Own home

15 Social Security No. None

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

17 NAME OF FATHER Samuel Hodgkins

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

19 MAIDEN NAME OF MOTHER Ella Parker

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

21 Informant Elizabeth Hollbrook (Address) 31 Wood 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:

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

Health Office (Official Designation) 3/22/60 (Date of Issue of Permit)

V.B. ✓

R-301A

INSTRUCTIONS FOR CERTIFICATE

giving OF DEATH

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

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

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

itions contrib- death but not o the terminal condition given

Chapter 137, 1954, requires ns to print or e cause or of death on rtificates, and 48, Acts of quires Physi- print or type der signature.

6-59-925686

JURISDICTION MEDICAL EXAMINER DECLINED

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.

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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.

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. 65

No. Winthrop Community Hospital

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

2 FULL NAME White, William

(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)

PHYSICIAN — IMPORTANT

(a) Residence. No. 670 Saratoga 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... 3 days. In place of residence 40 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 3 19 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Jan 10, 1960 to March 18, 1960
I last saw him alive on March 18, 1960, death is said to
have occurred on the date stated above, at 3:14 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Due To (b) BRONCHO-PNEUMONIA 1 Day

Due To (c) ARTERIO-SCLEROTIC HEART DISEASE 5 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?

If so, specify

(Signed) Fred O'Regan, M. D.
113 Pleasant St. Winthrop, Mass.
(PRINT OR TYPE SIGNATURE)

(Address) Fred O'Regan Date 4/17/60

6 Woodlawn Everett
Place of Burial or Cremation
DATE OF BURIAL March 22 1960

7 NAME OF FUNERAL DIRECTOR Leo M. Norton
ADDRESS 287 Main St. Malden

Received and filed MAR 21 1960

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

(or) WIFE of

11 IF STILLBORN, enter that fact here.

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

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

14 Industry or Business: Contractor

15 Social Security No. 022 03 0555

16 BIRTHPLACE (City) St. Brendan's
(State or country) Newfoundland

17 NAME OF FATHER George White

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

19 MAIDEN NAME OF MOTHER Margaret Casey

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

21 Informant Ellen L. White
(Address) 670 Saratoga 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:

Health Officer (Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/21/60

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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

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

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

itions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
e of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

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



MAR 21 1960

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.

66

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

SUFFOLK
(County)WINTROP
(City or Town)

No. 38 HAWTHORN AVE

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME MORRIS BYNE
(If deceased 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. 38 HAWTHORN AVE St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 12 years..... months..... days. In place of residence 25 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 20 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 1947, to March 20, 1960
I last saw him alive on MARCH 20, 1960, death is said to
have occurred on the date stated above, at 7:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

Due (b) Coronary Artery Heart Disease 10 yrs

Due (c) Coronary Arteriosclerosis 10 yrs

OTHER SIGNIFICANT CONDITIONS Left Hemiparesis 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.
CHARLES LIBERMAN
(PRINT OR TYPE SIGNATURE)

(Address) Wintrop, Date 3/20/1960

6 PLACE OF BURIAL OR CREMATION Tifereth Israel of Wintrop Everett
(City or Town)

DATE OF BURIAL 3/21 1960

7 NAME OF FUNERAL DIRECTOR TREF FUNERAL SERVICE
ADDRESS Chelsea

Received and filed MAR 21 1960

(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 BEATRICE SAGE 1
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation: ELECTRICIAN
(Kind of work done during most of working life)

14 Industry or Business: ELECTRICAL CONTRACTOR

15 Social Security No. 010-12-3922

16 BIRTHPLACE (City) CHELSEA
(State or country) MASS.

17 NAME OF FATHER HARRY BYNE

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

19 MAIDEN NAME OF MOTHER CELIA STERN

20 BIRTHPLACE OF MOTHER (City) RUSSIA
(State or country)21 Informant BEATRICE BYNE
(Address) 38 HAWTHORN AVE WINTROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Seranni
(Signature of Agent of Board of Health or other)No O. March 21, 1960
(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)oes not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
o the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
e of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

6-59-92566

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.

Suffolk

(County)

Winthrop

(City or Town)

No. 57 Sea View Ave,

STANDARD
CERTIFICATE OF DEATH

Registered No. No 67

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

2 FULL NAME Richard D 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
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 21, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MAR 20, 1959, to MAR 21, 1960
I last saw him alive on MAR 21, 1960, death is said to
have occurred on the date stated above, at 8:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMATOSIS

Due To (b) CANCER OF PANCREAS

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed?
What test confirmed diagnosis? OPERATION5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) A. N. Caplan, M. D.

A. N. CAPLAN MD
(PRINT OR TYPE SIGNATURE)

(Address) 186 PRINCETON ST. BOSTON, MA 02116 Date 3-21-1960

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation March 24 1960 (City or Town)

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 147 Winthrop St Winthrop

Received and filed 3-22-1960 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 Little Jacobs

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 5 Months 17 Days If under 24 hours
Hours Minutes13 Usual Occupation: Assistance Postmaster
(Kind of work done during most of working life)

14 Industry or Business: U.S. Mail

15 Social Security No. none

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

17 NAME OF FATHER Edward Cox

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

19 MAIDEN NAME OF MOTHER Margaret Daly

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass21 Informant Lillian Smith
(Address) 57 Sea View Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Sekerian
(Signature of Agent of Board of Health or other)Health Officer 3/22/60
(Official Designation) (Date of Issue of Permit)

R-301A

PLACE OF DEATH

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

6-59-92566

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.

JOSEPH D. WARD
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, MASS.

(City or Town)

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

Celeste E. Mead

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

Registered No. 68

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 99 Marshall St St. (If nonresident, give city or town and State)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 23, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Mar 22, 1960, to March 23, 1960.
I last saw him alive on March 22, 1960, death is said to
have occurred on the date stated above, at 5:30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hemo periton cum

Due To (b) small perforation
of liver

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?

(Signed) A. Paul C. Haggan, M. D.
A. Paul C. Haggan
(PRINT OR TYPE SIGNATURE)

(Address) 39 CARY A. GELSEA Date Mar 23, 1960

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 25, 1960

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

Received and filed MAR 25 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

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

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

14 Industry or Business:

15 Social Security No.

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

17 NAME OF FATHER John Mead

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

19 MAIDEN NAME OF MOTHER Joan E. Murray

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

21 Informant (Address) Elizabeth A. Murray
99 Marshall St. Winthrop

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

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

Health Officer 3/25/60
(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.

The Commonwealth of Massachusetts
JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Frammingham

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 69

Middlesex

(County)

Frammingham

(City or Town)



No. Cushing Hospital

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

2 FULL NAME Elizabeth A. Ezekiel (nee Castigan)

(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

40 Bates Avenue

(a) Residence. No. xx Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 1 months 24 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 24, 1960
(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.)

Pyelonephritis & Bronchopneumonia
Death precipitated by recent accidental
fracture of left hip

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

Date and hour of injury Dec. 21, 1959 10:00AM

If accidental, was injury causally related to the death? yes

Where did injury occur? Cushing Hosp., Frammingham
(City or town and State)

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

Manner of injury Slipped from chair to floor.
(How did injury occur?)

Nature of injury Fracture of left hip

While at work? no Was autopsy performed? no

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

If so, specify

(Signed) J. H. McCann, M. D.

(Address) Frammingham Date 3/24/60

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

DATE OF BURIAL Mar. 28, 1960

8 NAME OF FUNERAL DIRECTOR Arthur J. O. Maley

ADDRESS Winthrop, Mass.

Received and filed MAR 31 1960

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX fem. 10 COLOR white 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

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

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

12 IF STILLBORN, enter that fact here.

AGE 78 Years 28 Days If under 24 hours Hours Minutes

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

15 Industry or Business: none

16 Social Security No. Canada

17 BIRTHPLACE (City) Canada (State or country)

18 NAME OF FATHER Thomas Castigan

19 BIRTHPLACE OF FATHER (City) Bar Harbor, Maine (State or country)

20 MAIDEN NAME OF MOTHER Sarah Wheeland

21 BIRTHPLACE OF MOTHER (City) Bar Harbor, Maine (State or country)

22 Informant Medical Office Records (Address) Cushing Hospital

A TRUE COPY

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

DATE FILED March 25, 1960

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-4-59-925100

TELETYPE



SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING MAR 3 1920

ORGANIZATION AND OUTFIT

SERVICE NUMBER

.....

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.

PLACE OF DEATH

SUF. FOLK
(County)
WINTHROP
(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No. 70

No. MAYFLOWER NURSING HOME

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

PHYSICIAN — IMPORTANT

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

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

(a) Residence. No. 55 BENNINGTON ST.
(Usual place of abode)

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

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

INSTRUCTIONS
FOR
AL CERTIFICATE

In giving
E OF DEATH

to not enter
ore than one
use for each
, (b) and (c)

does not mean
ode of dying,
as heart failure,
a, etc. It means
eases, or compli-
which caused

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

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

Chapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 25 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Mar 15 1960, to Mar 22 1960

I last saw him alive on Mar 22 1960, 19....., death is said to
have occurred on the date stated above, at 12:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cardiac failure

Due To (b) Bronchial pneumonia

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?

(Signed) Nathaniel P. Danoff, M. D.
NATHANIEL DANOFF
(PRINT OR TYPE SIGNATURE)

(Address) 27 TRINITY PL. BOSTON Date 3-25-1960

6 Place of Burial or Cremation BOSTON
(City or Town)
DATE OF BURIAL MARCH 25 1960

7 NAME OF FUNERAL DIRECTOR FREDERICK J. MAGRATH
ADDRESS EAST BOSTON

Received and filed MAR 28 1960

(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 CATHERINE LALACHIA
(Give maiden name of wife in full)

(or) WIFE of

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years.....Months.....Days If under 24 hours
Hours.....Minutes

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

14 Industry or Business: RETIRED

15 Social Security No. 033-01-7607 B

16 BIRTHPLACE (City) UNKNOWN
(State or country) ITALY

17 NAME OF FATHER NATHANIEL CASSETINA

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

19 MAIDEN NAME OF MOTHER LUCY ZITARE

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

21 Informant (Address) ALFRED CASSETINA 614 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 J. ...
(Signature of Agent of Board of Health or other)

Health Officer 3/26/60
(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.

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. 71

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 John E. Connolly
(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. 69 Locust 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 16 months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 25, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MAR. 24, 1960, to MAR. 25, 1960
I last saw him alive on MAR. 25, 1960, death is said to
have occurred on the date stated above, at 1:55 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH
1 DAY

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC DECOMPENSATION

Due To HYPERTENSIVE HEART
(b) DISEASEDue To ARTERIOSCLEROSIS
(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) A. N. CAPLAN M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 186 PRINCETON ST. E. 30 STATE MAR 25, 1960

6 Holy Cross Malden Mass.

Place of Burial or Cremation
DATE OF BURIAL March 28 1960 (City or Town)7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St Winthrop

Received and filed MAR 25 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR white 10 SINGLE (write the word)
MARRIED WIDOWED widowed
or DIVORCED10a If married, widowed or divorced, name of
HUSBAND of Anne J Connolly
(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 3 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Watchman
(Kind of work done during most of working life)

14 Industry or Business: U.S Lines

15 Social Security No. 002-09-8983

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

17 NAME OF FATHER Dennis Connolly

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

19 MAIDEN NAME OF MOTHER Bridget Unknown

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)21 Informant John J Connolly
(Address) 69 Locust St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 3/25/60
(Official Designation) (Date of Issue of Permit)

R-301A

PLACE OF DEATH

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
(b) and (c)oes not mean
e of dying,
heart failure,
etc. It means
e, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

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.

JOSEPH D WARD

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

72

Suffolk

(County)

Winthrop

(City or Town)

PLACE OF DEATH

No. Winthrop Community Hospital

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

Registered No.

PHYSICIAN — IMPORTANT

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

No

2 FULL NAME. Kalman, Louis

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

(a) Residence. No. 38 Summit Ave., Winthrop.

(Usual place of abode)

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

Length of stay: In place of death. years. months 6 days. In place of residence. years. months. days. 20

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 26 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JAN 5, 1958, to MARCH 26, 1960I last saw him alive on MARCH 26, 1960, death is said to
have occurred on the date stated above, at 12:55 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCT - ANTERIOR

INTERVAL
BETWEEN
ONSET AND
DEATH
6 DAYSDue To (b) ARTERIO-SCLEROTIC HEART DYS
AND GENERAL ARTERIO-SCLEROSISDue To (c) WITH ANGINA PECTORIS
DIABETES MELLITUS
PERSISTENT SINGULTUSOTHER SIGNIFICANT OLD POSTERIOR MYOCARDIAL
CONDITIONS INFARCTION

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL + EKG

5 Was disease or injury in any way related to occupation of deceased?
If so, specify No(Signed) Myron N. King, M. D.
MYRON N. KING M.D.
(PRINT OR TYPE SIGNATURE)(Address) 222 PLEASANT ST., Date 3/26/60
WINTHROP, MASS.

Tifereth Israel of Winthrop, Everett

Place of Burial or Cremation (City or Town) 60
DATE OF BURIAL March 27 19

7 NAME OF FUNERAL DIRECTOR Torf Funeral Service Inc

ADDRESS Chelsea

Received and filed MAR 28 1960

(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 Sonia Arkin

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 58

AGE Years. Months. Days

If under 24 hours

Hours. Minutes

13 Usual Occupation: Salesman

(Kind of work done during most of working life)

14 Industry or Business: Drygoods

15 Social Security No. 012-05-6079

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

17 NAME OF FATHER Charles Kalman

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

19 MAIDEN NAME OF MOTHER Clara c.b.l.

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

21 Informant (Address) SAMUEL ARKIN
54 Quincy 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) March 27, 1960

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
(b) and (c)es not mean
e of dying,
heart failure,
etc. It means
e, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
the terminal
condition givenChapter 137,
954, requires
ns to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

6-59-925686

SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING.....
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....

MAR 2 1939

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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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. **73**

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. **35 Cottage Park Road**{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME **Joseph J. Carlz**

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

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

PHYSICIAN — IMPORTANT

(a) Residence. No. **35 Cottage Park Road**
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **March 27 1960**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
3/25, 19**60**, to **3/27**, 19**60**I last saw him alive on **3/27**, 19**60**, death is said to
have occurred on the date stated above, at **145 P** m.INTERVAL
BETWEEN
ONSET AND
DEATH
2 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **ACUTE BRONCHOPNEUMONIA**Due To (b) **GENERAL ARTERIO SCLEROSIS** **240**

Due To (c)

OTHER SIGNIFICANT CONDITIONS **BLINDNESS** **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) **Myron N. King**, M. D.
MYRON N. KING M.D.
(PRINT OR TYPE SIGNATURE)(Address) **222 Pleasant St Winthrop** **3/25** 19**60**6 **Winthrop Cemetery Winthrop**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **March 30** 19**60**7 NAME OF FUNERAL DIRECTOR **Arthur J. O'Maley**
ADDRESS **Winthrop Mass.**Received and filed **MAR 29 1960** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)
MARRIED
WIDOWED10a If married, with **Emily M. Melanson**
HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE **94** Years... Months... Days If under 24 hours
Hours... Minutes13 Usual Occupation: **Retired Sup't**
(Kind of work done during most of working life)14 Industry or Business: **Elevators**

15 Social Security No.

16 BIRTHPLACE (City) **Gloucester**
(State or country) **Mass**17 NAME OF FATHER **Joseph Carlz**18 BIRTHPLACE OF FATHER (City) **Azores**
(State or country)19 MAIDEN NAME OF MOTHER **Louisa -----**20 BIRTHPLACE OF MOTHER (City) **Azores**
(State or country)21 Informant (Address) **Lydia M. Carlz**
35 Cottage Park 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)

Health Officer **3/29/60**
(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)es not mean
of dying,
heart failure,
etc. It means
or compli-
which causedms, if any,
ave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
to print or
cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

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.

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The Commonwealth of Massachusetts

Suffolk

(County)

Winthrop

(City or Town)

No.

57 Cottage Park Road

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.

74

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

PHYSICIAN — IMPORTANT

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

2 FULL NAME

Charles P. Anzalone

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

57 Cottage Park Road

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 March 28, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h.....alive on....., 19....., death is said to
have occurred on the date stated above, at 3:30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To Arteriosclerotic Heart

(b)

Due To Disease

(c)

years

OTHER
SIGNIFICANT
CONDITIONS None

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. Murray M.D.

Arthur C. Murray, M.D.
(PRINT OR TYPE SIGNATURE)

6 Holy Cross Cemetery Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

March 30,

1960

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St. East Boston, Mass.

Received and filed

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 Mary Portera

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years.....Months.....Days If under 24 hours
Hours.....Minutes

13 Usual Occupation: Retired

(Kind of work done during most of working life)

14 Industry or Business: *****

15 Social Security No. unknown

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Frank Anzalone

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

19 MAIDEN NAME OF MOTHER Carmella (unknown)

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Mary Anzalone (wife)
(Address) 57 Cottage Park Rd., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Lawrence, Jr.
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/30/60

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 causedons, if any,
ave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
954, requires
as to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

5-59-925686

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:

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

75

Suffolk

(County)

Winthrop

(City or Town)

No. - 19 Lincoln Terrace WINTHROP COMMUNITY HOSPITAL
St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)STANDARD
CERTIFICATE OF DEATH

Registered No.

2 FULL NAME Izora Ross Silvey

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

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

PHYSICIAN — IMPORTANT

(a) Residence. No. 19 Lincoln Terrace
(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 March 28 1960
DEATH (Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
3/19 1960 to 3/28 1960
I last saw her alive on 3/28 1960, death is said to
have occurred on the date stated above, at 8:15 A.M.DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Acute myocardial Infarct-

Anterior

INTERVAL
BETWEEN
ONSET AND
DEATH

7 day

Due To Arterio-Sclerotic Heart
(b) Dis.

1 Yr.

Due To
(c)OTHER
SIGNIFICANT Virus Pneumonitis
CONDITIONS

7 Days

Was autopsy performed? No
What test confirmed diagnosis? EKG & Clinical5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron N. King M.D.

(PRINT OR TYPE SIGNATURE) MYRON N. KING M.D.

(Address) 222 PLETHIN ST. WINTHROP, MASS. Date 3/28 1960

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 30 19607 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed MAR 29 1960 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 Harry T. Silvey
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 3 Months 23 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Carpenter

15 Social Security No.

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

17 NAME OF FATHER William Ross

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

19 MAIDEN NAME OF MOTHER Helena Nickerson

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Donald Silvey
(Address) 2 Willow Court SaugusI HEREBY CERTIFY that a satisfactory standard 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 3/29/60
(Official Designation) (Date of Issue of Permit)

R-301A

PLACE OF DEATH

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)es not mean
of dying,
heart failure,
etc. It means
or compli-
which causedms, if any,
ave rise to
cause (a),
the under-
ause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
s to print or
cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

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:

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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

PLACE OF DEATH

Essex

(County)

1 } Lynn

(City or Town)

Lynn Hospital

No.

Louis Smith

2 FULL NAME

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

363 Shirley

(a) Residence, No.

(Usual place of abode)

Winthrop

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

March 12, 1960

(Month)

(Day)

(Year)

male SEX

10 COLOR OR RACE white

11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof

Cerebro-vascular episode,
following fract. left humerus 3/1/6011a If married, HUSBAND of Minnie Katz

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 STILLBORN, enter that fact here.

13 AGE.....Years.....Months.....Days.....Hours.....Minutes
If under 24 hours14 Usual Occupation: Plumber (ret.)
Plumbing Shop

15 Industry or Business:

16 Social Security No. Russia17 BIRTHPLACE (City)
(State or country)18 NAME OF FATHER Efrim19 BIRTHPLACE OF FATHER (City)
(State or country) Russia20 MAIDEN NAME c/n/b/l
OF MOTHER21 BIRTHPLACE OF MOTHER (City)
(State or country) Russia
Hyman Oscar22 Informant (Address) 5 Grover Ave., Winthrop

A TRUE COPY.

ATTEST: [Signature]
(Registrar of City or Town where death occurred)DATE FILED 3/23/60.....19.....

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Lynn

(City or town making return)

Registered No. 76

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

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

St.

(If nonresident, give city or town and State)

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, 1960

(Month)

(Day)

(Year)

male SEX

10 COLOR OR RACE white

11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof

Cerebro-vascular episode,
following fract. left humerus 3/1/6011a If married, HUSBAND of Minnie Katz

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 STILLBORN, enter that fact here.

13 AGE.....Years.....Months.....Days.....Hours.....Minutes
If under 24 hours14 Usual Occupation: Plumber (ret.)
Plumbing Shop

15 Industry or Business:

16 Social Security No. Russia17 BIRTHPLACE (City)
(State or country)18 NAME OF FATHER Efrim19 BIRTHPLACE OF FATHER (City)
(State or country) Russia20 MAIDEN NAME c/n/b/l
OF MOTHER21 BIRTHPLACE OF MOTHER (City)
(State or country) Russia
Hyman Oscar22 Informant (Address) 5 Grover Ave., Winthrop

A TRUE COPY.

ATTEST: [Signature]
(Registrar of City or Town where death occurred)DATE FILED 3/23/60.....19.....

(Registrar of City or Town where deceased resided)

APR 11 1960 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. 77

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

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

PHYSICIAN — IMPORTANT

2 FULL NAME Patrick B Kiernan
(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. 777 Shirley
(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..... 3 months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 2, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1959, to April 2, 1960
I last saw him alive on April 2, 1960, death is said to have occurred on the date stated above, at 12:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Stomach

INTERVAL
BETWEEN
ONSET AND
DEATH

4 mos

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS metastasis to liver and lungs

Was autopsy performed?

What test confirmed diagnosis?

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

(Signed) A Paul Derhagopian, M. D.
A PAUL DERHAGOPIAN
(PRINT OR TYPE SIGNATURE)

(Address) 39 LARY A. CHelsea Date April 2, 1960

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

DATE OF BURIAL April 5, 1960

7 NAME OF FUNERAL DIRECTOR J.F. McGlinchey
ADDRESS 583 Broadway Chelsea

Received and filed APR 5 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

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

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

14 Industry or Business: Apex Sign Co.

15 Social Security No.

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

17 NAME OF FATHER Patrick B Kiernan

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

19 MAIDEN NAME OF MOTHER Catherine Kiernan

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

21 Informant Mrs. Martha Malone (Address) 777 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 of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/4/60

R-301A

CTIONS
FOR
CERTIFICATE

giving
OF DEATH

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of dying,
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condition given

Chapter 137,
1954, requires
as to print or
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ificates, and
48, Acts of
quires Physi-
print or type
er signature.

5-59-925686

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:

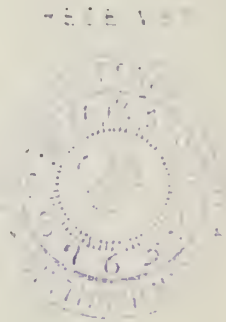
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(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.



APR - 5 1960 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. 78

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)

PHYSICIAN — IMPORTANT

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

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

(a) Residence. No. **269 Webster**
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **April 2, 1960**
(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) **STILL BIRTH**

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To **INTRAMUTERINE
ASPHYXIA**
(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) **Bernard W. Rothblatt**, M. D.

Bernard W. Rothblatt
(Address) **48 Commonwealth Ave., Boston**

Date **4/2/60**

Holy Cross Cemetery Malden
Place of Burial or Cremation

April 5, 1960
DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR **Vincent Rapino**

ADDRESS **9 Chelsea St., East Boston, Mass.**

Received and filed **APR 5 1960**

(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. 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) **Winthrop, Mass.**
(State or country)

17 NAME OF FATHER **Frank LaPorta**

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

19 MAIDEN NAME OF MOTHER **Mary LoConte**

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

21 Informant **Frank LaPorta (father)**
(Address) **269 Webster St., East Boston, Mass.**

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

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

Health Officer **4/5/60**
(Official Designation) (Date of Issue of Permit)

R-301A

CTIONS
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CERTIFICATE

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OF DEATH

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Chapter 137,
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death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

APR - 5 1960 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 had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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.

STANDARD CERTIFICATE OF DEATH

Registered No.

79

{(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)

1 PLACE OF DEATH
SUFFOLK
(County)
WINTHROP
(City or Town)
No. 51 Palmyra

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

(a) Residence. No. 51 Palmyra.
(Usual place of abode) St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 6 1960
(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 sudden

Due To Arteriosclerotic Heart Disease yrs.

OTHER SIGNIFICANT CONDITIONS Carcinoma of Prostate 1 yr

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. Murray M. D.
Arthur C. Murray M. D.
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop Board of Health Winthrop, Mass.

6 Place of Burial or Cremation April 9 (City or Town) 60
DATE OF BURIAL 19.....

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

Received and filed APR 8 1960 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 Agnes Mc Quade
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 6 Months Days If under 24 hours
Hours Minutes

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

14 Industry or Business: U.S. Government

15 Social Security No.

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

17 NAME OF FATHER Dennis Cronin

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

19 MAIDEN NAME OF MOTHER Unknown

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

21 Informant Mrs Eleanor Klipfel
(Address) 51 Palmyra St, Winthrop Mass

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/8/60

R-301A

DUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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Chapter 137,
54, requires
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cause or
f death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

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.

APR - 8 1960

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. 80

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Mayflower Nursing Home

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

PHYSICIAN — IMPORTANT

2 FULL NAME Edward Francis 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. (If nonresident, give city or town and State)

Length of stay: In place of death.....years. 3 months. 15 days. In place of residence. 49 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 7 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 5, 1956, to April 7, 1960.

I last saw him alive on April 7, 1960, death is said to
have occurred on the date stated above, at 8:25 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral hemorrhage with left hemiplegia

Due To Generalized and cerebral
(b) arteriosclerosis

Due To Tuberculosis
(c)

OTHER SIGNIFICANT CONDITIONS
Tuberculosis

INTERVAL
BETWEEN
ONSET AND
DEATH

3 days

4 yrs.

20 yrs.

20 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. Traunstein, Jr., M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 73 Bartlett Rd. Date 4/9 1960

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

DATE OF BURIAL April 11, 1960

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

Received and filed APR 11 1960

(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
HUSBAND of Mary Besom Geppert
(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 8 Months 21 Days If under 24 hours
Hours Minutes

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

14 Industry or Business: gift novelties

15 Social Security No. 033-16-6585

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

17 NAME OF FATHER Robert Geppert

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

19 MAIDEN NAME OF MOTHER Anna Bonnert

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

Informant Miss Pamela V. Besom
(Address) 16 Moore St.

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

(Signature of Agent of Board of Health or other)

Health Officer 4/11/60
(Official Designation) (Date of Issue of Permit)

R-301A

CTIONS
OR
CERTIFICATE

giving
OF DEATH

ot enter
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death but not
the terminal
condition given

Chapter 137,
954, requires
as to print or
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tificates, and
48, Acts of
quires Physi-
print or type
er signature.

5-59-925686

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

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

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

CTIONS
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54, requires
to print or
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50M-1-68-921876

PLACE OF DEATH

1

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.

81

No.

Winthrop Convalescent Home

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

2 FULL NAME

Paul Di Gregorio

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No.

5 White

(Usual place of abode)

St. Boston mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 27 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHAPRIL 9 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

2/19, 1960 to 4/9/60, 19

I last saw him alive on 4/8, 1960, 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) ULMONARY Edema

1 DAY

Due To

Cerebral Vascular
Accident

Due To

Hypertension

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? Clinical

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

If so, specify Wm. A. Sagona

(Signed) Wm. A. Sagona, M. D.

(Address) 121 River St. Date: 4/9/60

6 Cambridge Cemetery Cambridge Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 12, 1960

7 NAME OF
FUNERAL DIRECTOR

Joseph A. Egidio

ADDRESS 448 Cambridge St Cambridge Mass

Received and filed

APR 11 1960

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

M

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 72 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Retired PROPRIETOR
(Kind of work done during most of working life)

14 Industry

or Business:

Sewer Macomber Refr.

15 Social Security No.

62 4-03-0693A.

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF

FATHER

Frank Di Gregorio

18 BIRTHPLACE OF

FATHER (City)

Italy

(State or country)

19 MAIDEN NAME

OF MOTHER

Filomena Di Gregorio

20 BIRTHPLACE OF

MOTHER (City)

Italy

(State or country)

21

Informant

(Address)

Amedeo Di Gregorio

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

Health Officer

4/11/60
(Date of Issue of Permit)

(Official Designation)

(Date of Issue of Permit)

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

APR 1 1950

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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

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.

82

No. 142 Pleasant St.,

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

2 FULL NAME Maybelle G. Urann nee Merrill

(If deceased 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. 82 Arlington Ave.,
(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

Length of stay: In place of death years months 3-4 days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 9 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
1945 to April 9, 1960I last saw him alive on April 8, 1960 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) arteriosclerosis
ArteriosclerosisDue 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 Denis O'Reilly

(Signed) Denis O'Reilly, M. D.

(Address) 140 Winthrop Ave. Date 5/1/60 1960

6 Woodlawn Everett
(City or Town)

Place of Burial or Cremation

DATE OF BURIAL April 12, 1960 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS Revere Mass.

Received and filed APR 13 1960 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 Walter Urann

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

14 Industry or Business: at home

15 Social Security No. none

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

17 NAME OF FATHER James Merrill

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

19 MAIDEN NAME OF MOTHER Sara Tate

20 BIRTHPLACE OF MOTHER (City) Me.
(State or country)21 Informant E. Archer Moulton
(Address) 82 Arlington Ave., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 4/12/60
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed. **APP. 1, 1950**

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, (G), 1.)

25M-8-56-918227

PLACE OF DEATH
1

Middlesex

(County)

Cambridge

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS**Cambridge**
(City or Town making this return)COPY OF
CERTIFICATE OF DEATHRegistered No. **604 83**No. **Holy Ghost Hospital**{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)}2 FULL NAME **Joseph J. Dalton**

(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. **76 Atlantic**
(Usual place of abode)St. **Winthrop, Massachusetts**
(If nonresident, give city or town and State)Length of stay: In place of death **14** years **4** months **4** days. In place of residence **40** years **4** months **4** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **April 11, 1960**

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
March 28, 1960 to April 11, 1960I last saw him alive on **April 10, 1960**, death is said tohave occurred on the date stated above, at **2:30a. m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Bilateral Bronchopneumonia**INTERVAL
BETWEEN
ONSET AND
DEATHDue **Reticulum Cell Sarcoma**
(b) **with Generalized 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) **Frank A. Pomer**, M. D.(Address) **Holy Ghost Hosp. 4/11**, 19 **60****Winthrop Cemetery Winthrop**6 Place of Burial or Cremation **April 13,** (City or Town) **60**DATE OF BURIAL **April 13,** 19 **60**7 NAME OF FUNERAL DIRECTOR **Arthur J. O'Maley**
Winthrop, Mass.

ADDRESS

Received and filed **MAY 2 - 1960**, 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male**White****MARRIED****WIDOWED****or DIVORCED****Married**10a If married, widowed or divorced
HUSBAND of **Annie L. Emmett**

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE **79** Years _____ Months _____ Days _____
If under 24 hours _____ Hours _____ Minutes13 Usual Occupation: **Retired Salesman**
(Kind of work done during most of working life)14 Industry or Business: **Food**

15 Social Security No. _____

16 BIRTHPLACE (City) **Chelsea**
(State or country) **Mass.**17 NAME OF FATHER **Joseph W. Dalton**18 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)19 MAIDEN NAME OF MOTHER **Catherine A. Dalton (ok)**20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)21 Informant **Annie L. Dalton**
(Address) **76 Atlantic St. Winthrop**A TRUE COPY **Frederick H. Burke**
ATTEST: _____
(Registrar of City or Town where death occurred)DATE FILED **Apr. 11, 1960****Retired from Bureau Court VAB**



MAY - 1960

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)

525 Pleasant Street

No.

STANDARD CERTIFICATE OF DEATH

Registered No.

84

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

Anthony Paolini

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.

525 Pleasant

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 11, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb 2, 1960, to April 11, 1960

I last saw him alive on April 1, 1960, 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 Infarct.
Coronary Infarct.

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? No

If so, specify

(Signed) G. GUY GRANDE M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 20 HARRINGTON ST. EAST BOSTON, MASS. Date 4-12-1960

6 Holy Cross Cemetery Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 14, 1960

7 NAME OF FUNERAL DIRECTOR Anthony P. Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed APR 14 1960

(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 Mildred P. Nania

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12

AGE 51

Years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual

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

14 Industry

or Business: United-Carr Fastener Corp.

15 Social Security No.

020-07-8345

16 BIRTHPLACE (City)

(State or country) Boston

Mass.

17 NAME OF

FATHER Donato Anzelmo Paolini

18 BIRTHPLACE OF

FATHER (City) Italy
(State or country)

19 MAIDEN NAME

OF MOTHER Lucia DiProffio

20 BIRTHPLACE OF

MOTHER (City) Italy
(State or country)

21

Informant Mildred Paolini (wife) Winthrop
(Address) 525 Pleasant St., East Boston, Mass.

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/13/60

CTIONS
FOR
CERTIFICATE

giving
OF DEATH

ot enter
than one
for each
b) and (c)

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

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

tions contrib-
death but not
the terminal
condition given

Chapter 137,
54, requires
s to print or
cause or
f death on
ificates, and
48, Acts of
quires Physi-
rint or type
signature.

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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APR 14 1960

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.

85

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

PHYSICIAN — IMPORTANT

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

NO

2 FULL NAME Irene (Lavoie) White
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 2 Deane Ave. Winthrop
(Usual place of abode)St.
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months 2 days. In place of residence 45 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 12 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mr. Gray, 1957, to April 12, 1960
I last saw her alive on April 12, 1960, death is said to
have occurred on the date stated above, at 3:52 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia pneumonia
(Terminal)INTERVAL
BETWEEN
ONSET AND
DEATH48 hrs(b) Carcinoma of
Lung (undifferentiated)5 mos

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? B. c. p. s. g.5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify GREGORIE(Signed) Joseph Gregorie, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 154 Washington St. Date 4-13, 19606 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)
DATE OF BURIAL APRIL 15, 19607 NAME OF FUNERAL DIRECTOR Maureen V. Kelly
ADDRESS 20 WINTHROP ST. WINTHROPReceived and filed APR 14 1960, 19.....

(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 MICHAEL WHITE
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 45 Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation: CLEANER
(Kind of work done during most of working life)14 Industry or Business: RETAIL GROCERY15 Social Security No. 029-09-955916 BIRTHPLACE (City) WINTHROP
(State or country) MASS17 NAME OF FATHER LETOUCE LAVOIE18 BIRTHPLACE OF FATHER (City) QUEBEC
(State or country) CANADA19 MAIDEN NAME OF MOTHER JOSEPHINE MURPHY20 BIRTHPLACE OF MOTHER (City) PORTLAND
(State or country) MAINE21 Informant MICHAEL WHITE
(Address) 2 DEANE 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)

Healer's Office 4/14/60
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. WINTHROP COMM. HOSP

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHenter
than one
for each
b) and (c)es not mean
of dying,
heart failure,
etc. It means
or compli-
which causedas, if any,
ave rise to
ause (a),
the under-
ause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
54, requires
to print or
cause or
death on
ificates, and
18, Acts of
quires Physi-
print or type
signature.

159-925686

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.

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.

86

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran, No
if so specify WAR)2 FULL NAME Katherine Flynn
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 93 Trenton Street
(Usual place of abode)s. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death... years. 3. months. 14. days. In place of residence. 40. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 15, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 1, 1960, to April 15, 1960.
I last saw him alive on April 15, 1960, death is said to
have occurred on the date stated above, at 7:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Pulmonary Edema

Due To Chronic Myocarditis
(b)Due To Chronic Nephritis.
(c)OTHER
SIGNIFICANT
CONDITIONS

None

Was autopsy performed? No

What test confirmed diagnosis?

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

(Signed) George H. Schwartz, M. D.

19 Princeton St., E. Boston
(PRINT OR TYPE SIGNATURE)

(Address) Date 4/15/60

6 Holy Cross Cemetery, Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 18th 1960

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

Received and filed APR 18 1960 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 80 Years 2 Months 14 Days If under 24 hours
Hours Minutes13 Usual Occupation: Secretary
(Kind of work done during most of working life)

14 Industry or Business: Court House, Boston

15 Social Security Number none

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

17 NAME OF FATHER William J. Flynn

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

19 MAIDEN NAME OF MOTHER Katherine Welth

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Mrs. Alice H. Greer-sister
(Address) 93 Trenton St., E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Schwartz
(Signature of Agent of Board of Health or other)Health Officer 4/16/60
(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
A CERTIFICATEI giving
OF DEATHot enter
than one
for each
(b) and (c)es not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedms, if any,
have rise to
because (a),
in the under-
ause last.ortions contrib-
death but not
the terminal
ndition givenChapter 137,
of 1954, requires
to print or
to cause or
of death on
ificates, and
e 48, Acts of
quires Physi-
print or type
er signature.

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

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. 87

Suffolk

(County)

Winthrop

(City or Town)

No. 44 Cliff Ave., Winthrop

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

2 FULL NAME Arthur Robert Torrey, Jr.

(If deceased 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. 44 Cliff Ave., Winthrop
(Usual place of abode)

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

Length of stay: In place of death 15 years.....months.....days. In place of residence 15 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 17 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19....., to 19.....I last saw him alive on 19....., death is said to
have occurred on the date stated above, at 4 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary Occlusion
(b) SuddenDue To Arteriosclerotic Heart Disease
(c) 15 yrsOTHER
SIGNIFICANT
CONDITIONS NoneWas autopsy performed? No
What test confirmed diagnosis? Post-Mortem Judgement5 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
(Address) Date 4/18 19606 Vernon Grove Milford
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 20 1960

7 NAME OF FUNERAL DIRECTOR Paul D. Wentworth

ADDRESS 30 Prospect St. Wel.

Received and filed APR 18 1960 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR White 10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED10a If married, widowed or divorced,
HUSBAND of Mildred Timball
(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 9 Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Assembler
(Kind of work done during most of working life)

14 Industry or Business: Little Brown Co.

15 Social Security No. 028-01-6192

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

17 NAME OF FATHER Arthur Torrey, Sr.

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

19 MAIDEN NAME OF MOTHER Gertrude Trowbridge

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country)21 Informant Mildred Torrey
(Address) 44 Cliff Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Little
(Signature of Agent of Board of Health or other)
Health Officer 4/18/60
(Official Designation) (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
use, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
do the terminal
condition givenChapter 137,
1954, requires
to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

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.

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. 88

Winthrop Community Hospital

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

2 FULL NAME Alice M. O'Brien

(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. 107 Faywood Ave
(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 4 1/2 days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 18 60
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 2, 1960, to APRIL 18, 1960
I last saw her alive on APRIL 17, 1960, death is said to
have occurred on the date stated above, at 730 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) INTRA ABDOMINAL
CARCINOMA METASTASIS 4/18/60Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? B10P54

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

(Signed) Charles J. Cataldo, M.D.

(Address) 48 BRYAN ST. E. B. Date APRIL 18 1960

6 Holy Cross Malden
Place of Burial or Cremation April 21 60
DATE OF BURIAL 197 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed. APR 20 1960 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 Richard T. O'Brien
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: own home

15 Social Security No. NONE

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

17 NAME OF FATHER John Breen

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

19 MAIDEN NAME OF MOTHER Lillian Smith

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Richard T. O'Brien
(Address) 107 Faywood Ave. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Health Officer 4/20/60
(Official Designation) (Date of Issue of Permit)

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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)

Winthrop Community Hospital

No.

STANDARD

CERTIFICATE OF DEATH

Registered No.

89

{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 Mary A. (Hennessey) Hennessey

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

(a) Residence, No. 210 Webster St.

(Usual place of abode)

East Boston, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days In place of residence 9 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 19 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 4-4-60 19 to 4-19-60 19

I last saw him alive on April 19, 1960, death is said to have occurred on the date stated above, at 10:50 AM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Infarction

Due To Hypertensive heart disease

Due To congestive heart failure

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? X-ray, EKG.

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

If so, specify

(Signed) Joseph J. Magrath, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 325 Summer St., Boston 19

6 Forest Hills Boston 4-19-60

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 22 1960

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed APR 20 1960 19

(Registrar)

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 80 AGE 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: retired

15 Social Security No. cnbl.

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

17 NAME OF FATHER Lawrence Hennessey

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

19 MAIDEN NAME OF MOTHER Ellen McDonald

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

21 James L. Hennessey

Informant (Address) 3000 Russell Rd Alexandria Va.

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 4/20/60

(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS FOR CERTIFICATE

giving OF DEATH

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

es not mean of dying, heart failure, etc. It means 20, or compli- which caused

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

nions contrib- o death but not t the terminal condition given

Chapter 137, 54, requires s to print or. d cause or death on certificates, and 18, Acts of requires Physi- print or type or signature.

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

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.

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)

PHYSICIAN — IMPORTANT

2 FULL NAME Falzone, Baby Boy

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

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

90

(a) Residence. No. 333 Maverick St., East Boston, St.
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 26 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 26, 1960, to, 19,

I last saw h..... alive on, 19....., death is said to
have occurred on the date stated above, at 3:40 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

INTERVAL
BETWEEN
ONSET AND
DEATH
4/26/60

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) Louis Schraffa, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 17 Bennington St. Date 4/26 1960

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

DATE OF BURIAL April 28 1960

7 NAME OF FUNERAL DIRECTOR Anthony P. Rappino

ADDRESS 9 Chelsea St. Boston

Received and filed APR 26 1960 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here Stillborn

12 AGE Years. Months. Days If under 24 hours
..... Hours. 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 Giovanni Falzone

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

19 MAIDEN NAME OF MOTHER Marabello, Natala

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

21 Informant Giovanni Falzone
(Address) 333 Maverick St., E. 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)

(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

enter
than one
for each
b) and (c)

es not mean
of dying,
heart failure,
tc. It means
or compli-
which caused

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

ions contrib-
eath but not
the terminal
dition given

Chapter 137,
54, requires
to print or
cause or
death on
ificates, and
48, Acts of
quires Physi-
rint or type
er signature.

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.

APR 2 6 10 30 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.

91

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)

PHYSICIAN — IMPORTANT

2 FULL NAME Minichiello, Baby Boy

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

{(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 2 Suffolk Ave., Revere
(Usual place of abode)

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 26, 1960
(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) INTRA-UTERINE Asphyxia

Due To (b) CRANIAL ANOMALIES

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) *John Ellis*, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 311 Comm. W. Date. Apr 26 1960

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

DATE OF BURIAL May 2, 1960

7 FNAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 Revere St. Revere

Received and filed MAY 2 - 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here. STILLBORN

12 AGE.....Years.....Months.....Days If under 24 hours
.....Hours.....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 Arthur Minichiello

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

19 MAIDEN NAME OF MOTHER Edith DeAmelio

20 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass.21 Informant (Address) Arthur Minichiello
2 Suffolk Ave. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/2/60

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)es not mean
of dying,
heart failure,
etc. It means
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,
154, requires
s to print or
cause or
of death on
ificates, and
18, Acts of
quires Physi-
rint or type
er signature.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

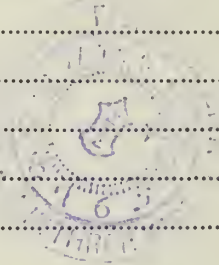
DATE OF DISCHARGE.....

RANK, RATING

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....



RULES OF PRACTICE

MAY 2 1950 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

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

92

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 64 Read St.

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

PHYSICIAN — IMPORTANT

2 FULL NAME Emma D'Angelo
(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)INSTRUCTIONS
FOR
CERTIFICATE(a) Residence No. 64 Read St.
(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.giving
S OF DEATHnot enter
o than one
u: for each
a (b) and (c)s does not mean
me of dying,
a heart failure,
etc. It means
sive, or compli-
s which causedons, if any,
have rise to
ve cause (a),
in the under-
g cause last.ditions contrib-
death but not
d the terminal
condition givenChapter 137,
of 1954, requires
ics to print or
e cause or
s of death on
ificates, and
te 48, Acts of
quires Physi-
rprint or type
uer signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 27, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb, 1959, to April 27, 1960
I last saw her alive on April 27, 1960, death is said to
have occurred on the date stated above, at 8:22 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic CARCINOMA
to liver.Due To CARCINOMA of
(b) Rectum.Due To
(c)OTHER SIGNIFICANT CONDITIONS Diabetes.

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Marion Corleto Sober, M. D.
Marion Corleto Sober241 Maverick St. E. Boston 4/28/60
(Address) (Date)6 St. Michael's Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 30 19607 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East BostonReceived and filed APR 28 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED or MARRIED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Anthony D'Angelo
(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: 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) Italy17 NAME OF FATHER Joseph Grasso18 BIRTHPLACE OF FATHER (City)
(State or country) Italy19 MAIDEN NAME OF MOTHER Concetta Santasuosso20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy21 Informant Anthony D'Angelo
(Address) 64 Read St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Gallo C. Seramun
(Signature of Agent of Board of Health or other)Health Officer 4/28/60
(Official Designation) (Date of Issue of Permit)

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:

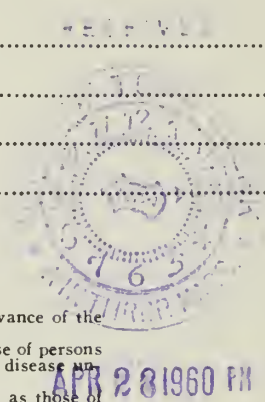
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(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.



R-301A

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 causedus, if any,
ve rise to
ause (a),
the under-
ause last.ons contrib-
eath but not
e terminal
dition givenChapter 137,
54, requires
to print or
ll cause or
death on
ificates.

60M-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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

93

No. 204 Cottage Park Road

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

2 FULL NAME Alice May Dutton

(If deceased 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. 204 Cottage Park Rd.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 28, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
DEC. 1950, to APRIL 26, 1960.
I last saw her alive on APRIL 26, 1960, death is said to
have occurred on the date stated above, at 6:45 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

1/2 HOUR

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS

Due To (b) CORONARY SCLEROSIS

10 YRS.

Due To (c) GENERALIZED ARTERIOSCLEROSIS

10 YRS.

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis? ECG, CLINICAL OBSERV.

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

If so, specify Harold L. Musgrave

(Signed) Harold L. Musgrave, M. D.

(Address) 100 Beach Street, Winthrop, Mass.

6 Main St. Cemetery Hardwick Vt.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 1, 1960

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

Received and filed APR 29 1960 19

(Registrar)

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 68 Years 4 Months 19 Days If under 24 hours
Hours Minutes13 Usual Occupation: Teacher
(Kind of work done during most of working life)

14 Industry or Business: Public School

15 Social Security No. None

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

17 NAME OF FATHER Walter Dutton

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

19 MAIDEN NAME OF MOTHER Nellie

20 BIRTHPLACE OF MOTHER (City) Vermont
(State or country)21 Informant Lura C. Gushee
(Address) 204 Cottage Park Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit-permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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

THIS IS A
ENT RECORD.
only

APPROVED
ink or black
water ribbon.

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

ons contrib-
cath but not
the terminal
condition given

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

HP. 46, §§ 9 &

HP. 114 §§ 45,

AP. 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.

94

No. 78 Temple Avenue, Winthrop

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

2 FULL NAME Frederick F. LaCerde
(If deceased 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. 78 Temple Avenue
(Usual place of abode)

St.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 28, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb 19, 1951 to April 27, 1960
I last saw him alive on April 27, 1960, death is said to
have occurred on the date stated above, at 9 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) angina pectoris

Due To
(b) arteriosclerotic heart
disease

3 years

Due To
(c)

OTHER
SIGNIFICANT CONDITIONS
Congestive heart failure

Was autopsy performed? No

What test confirmed diagnosis? —

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

H. B. Greenfield

(Signed) H. B. Greenfield, M. D.

(Address) 447 Shirley St. Winthrop, Mass. Date 4-22-1960

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

DATE OF BURIAL May 2nd 1960

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

Received and filed MAY 2 - 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

10a If married, widowed or divorced
HUSBAND of Alice L. Bolfe
(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 2 Months 6 Days
If under 24 hours
Hours Minutes

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

14 Industry or Business: Hoisting Machinery

15 Social Security No. 024-07-2190

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

17 NAME OF FATHER Casmir C. LaCerde

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

19 MAIDEN NAME OF MOTHER Mary Mitchell

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

21 Informant Casmir C. LaCerde-son
(Address) 15 Glen Ellen Rd., Worcester

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

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/29/60

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.

STANDARD CERTIFICATE OF DEATH

Registered No. 95

R-301A

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 32 Billows Street

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

2 FULL NAME Joan Stevens Davidson

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

PHYSICIAN — IMPORTANT

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

(a) Residence. No. 32 Billows Street
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 29, 1960
(Month) (Day) (Year)

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

I last saw him alive on 19, death is said to
have occurred on the date stated above, at 6:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary Occlusion
(b) Sudden

Due To Arteriosclerotic Heart Disease
(c) years

OTHER SIGNIFICANT CONDITIONS Rheumatic 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? no
If so, specify

(Signed) Arthur C. Murray, M. D.
Winthrop Board of Health 29 April 1960
(PRINT OR TYPE SIGNATURE)

6 Woodlawn Cemetery, Everett, Mass.
Place of Burial Cremation (City or Town)
DATE OF BURIAL May 2, 1960

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

Received and filed MAY 2, 1960

(Registrar)

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 75 years 3 months 28 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) Dundee (State or country) Scotland

17 NAME OF FATHER Andrew Davidson

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

19 MAIDEN NAME OF MOTHER Mary Stevens

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

21 Informant Mr. Thomas Davidson
(Address) 32 Billows 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)

Health Officer 5/2/60
(Official Designation) (Date of Issue of Permit)

CTIONS
OR
CERTIFICATE

giving
OF DEATH

ot enter
than one
for each
b) and (c)

es not mean
of dying,
heart failure,
tc. It means
or compli-
which caused

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

ions contrib-
eath but not
the terminal
ndition given

Chapter 137,
54, requires
is to print or
cause or
death on
ificates, and
18, Acts of
quires Physi-
rint or type
er signature.

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

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

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

MAY 2 1990 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.

96

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No.

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

2 FULL NAME Victor, Louis

(If deceased 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. 34 Paine St.
(Usual place of abode)St. WINTHROP
(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 9 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 30 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
AUG 26 1957 to 4/30 1960I last saw him alive on 4/30 1960, death is said to
have occurred on the date stated above, at 11:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE PULMONARY EDEMA

INTERVAL
BETWEEN
ONSET AND
DEATH

1/2 HR

Due To (b) ARTERIO-SCLEROTIC & HYPER
TENSIVE HEART DISEASE

Due To (c) E MYOCARDIAL ISCHÆMIA

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS

1 YR

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) MYRON N. KING MD, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) 222 PLEASANT ST Date 4/30 1960

6 WORKMANS CIRCLE - MELROSE
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 1 1960

7 NAME OF FUNERAL DIRECTOR ARNOLD GOLOV

ADDRESS 1668 BEACON ST BROOKLINE

Received and filed MAY 2 1960

(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 MIRIAM BAKER
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

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

14 Industry or Business: SELF EMPLOYED

15 Social Security No. 024-30-6983

16 BIRTHPLACE (City) POLAND
(State or country)

17 NAME OF FATHER JOSEPH VICTOR

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

19 MAIDEN NAME OF MOTHER RASE PRAGER

20 BIRTHPLACE OF MOTHER (City) POLAND
(State or country)21 Informant (Address) HARRY KOPPEL
1710 COMM AVE, BRIMLEYI HEREBY CERTIFY that a satisfactory standard 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) 5/1/60

V10

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

MAY 2 1930

RULES OF PRACTICE

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

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

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

RM R-301A

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

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

12067

STANDARD
CERTIFICATE OF DEATH

Registered No.

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, WWI
if so specify WAR)

2 FULL NAME

JOHN F. CUSICK

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

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

26 Sagamore Avenue

xx Winthrop, Mass.

(If nonresident, give city or town and State)

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

INSTRUCTIONS
FOR
AL CERTIFICATE

In giving
OF DEATH

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

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

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

ditions contrib-
death but not
do the terminal
condition given

Chapter 137,
1954, requires
to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 20 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
February 16, 1960, to February 20, 1960

death is said to
have occurred on the date stated above, at 5:00 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia

Due To Chronic brain syndrome due to
(b) arteriosclerosis with dementia

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical & laboratory findings

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

If so, specify

(Signed) Sidney H. Widrow, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) VAN Boston, Mass. Date Feb. 20, 1960

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

DATE OF BURIAL February 23, 1960

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS 79 Atlantic St., Winthrop, Mass.

Received and filed Feb 25, 1960

(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 63 Years 9 Months 12 Days If under 24 hours
.....Hours.....Minutes

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

14 Industry or Business: Civil

15 Social Security No. 0218

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

17 NAME OF FATHER John

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

19 MAIDEN NAME OF MOTHER Mary Harris

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

21 Informant Margaret C. Cusick
(Address) 26 Sagamore 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)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



MAY 2 1960 AM

B.—THIS IS A
ANENT RECORD.
Use only

TE APPROVED
ck ink or black
ewriter ribbon.

INSTRUCTIONS
FOR
AL CERTIFICATE

In giving
E OF DEATH

o not enter
re than one
ase for each
, (b) and (c)

is does not mean
ode of dying,
his heart failure,
ia, etc. It means
ase, or compli-
ic which caused

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

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

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

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

ural Director:
Use only
ACK Ink.

MAY 24 1960

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. 02384

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

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

(a) Residence. No. 80 Shirely St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 1/2 years 2 1/2 months _____ days. In place of residence 20 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 26 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That attended deceased from
February 21, 1960 to February 26 1960

last saw him on February 26, 1960, death is said to
have occurred on the date stated above, at 2P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary EmphysemaINTERVAL
BETWEEN
ONSET AND
DEATH2Yrs.Due To Chronic Bronchitis30Yrs

Due To

(c) _____

OTHER SIGNIFICANT CONDITIONS Carcinoma of laeynx 7Yrs.Was autopsy performed? NoWhat test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased?
If so, specify _____(Signed) Charles L. Cloy, M.D. M. D.(Address) Ass't Dir., Mass. Gen'l Hosp. Date 2/26/ 19606 Winthrop Winthrop Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL March 1 19607 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.
ADDRESS 917 Bennenington st E.B.Received and filed MAR 2 1960 _____Charles A. Mack
(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 Adeline Cogliano
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years _____ Months _____ Days
If under 24 hours
_____ Hours _____ Minutes

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

14 Industry or Business: Own Business15 Social Security No. 033-26-3048

16 BIRTHPLACE (City)
(State or country) Italy

17 NAME OF FATHER John Finamore

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

19 MAIDEN NAME OF MOTHER Gionna Utol

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

21 Informant Mrs. Adeline Finamore
(Address) 80 Shirly St. Winthrop

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

Richard C. Kirby
(Signature of Agent of Board of Health or other)

E 12686 2-27-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar



MAY 24 1960 AM

RM R-301A

B.-THIS IS A
ANENT RECORD.
Use only

E APPROVED
ink or black
writer ribbon.

TRUCTIONS
FOR
IL CERTIFICATE

n giving
OF DEATH

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

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

tions, 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
ins to print or
ie cause or
of death on
rtificates.

AP. 46, §§ 9 &

AP. 114 §§ 45,

1AP. 38 § 6.)

24 1960

0-58-923886

The Commonwealth of Massachusetts

- 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.

12382

PLACE OF DEATH

1

SUFFOLK

(County)

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

BABY GIRL MARTORANO

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

PHYSICIAN - IMPORTANT

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

(a) Residence. No.

16 LEWIS AVE.

St.

WINTHROP, MASS.

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

2

26

1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

2-24

1960, to

2-26

1960.

I last saw her alive on 2-26, 1960, death is said to

have occurred on the date stated above, at 10:00 A.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) IMMATURITY

(25 WEEKS GESTATION)

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)

Isabel S. Money

M. D.

(Address)

1266 Beacon St. Brookline

2-26

1960

6 WINTHROP CEMETERY, WINTHROP

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

FEBRUARY 29,

1960

7 NAME OF

FUNERAL DIRECTOR

ERNEST P. CAGGIANO

ADDRESS

141 WINTHROP ST. WINTHROP

Received and filed

MAR 2 1960

19

Charles A. Mackie

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

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

1 1/2 Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

BOSTON

MASSACHUSETTS

17 NAME OF

FATHER

JAMES MICHAEL MARTORANO

18 BIRTHPLACE OF

FATHER (City)

(State or country)

CAMBRIDGE

MASSACHUSETTS

19 MAIDEN NAME

OF MOTHER

CAROL ANN GREEN

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

MILTON

MASSACHUSETTS

21

Informant

(Address)

ELIZABETH MARTORANO

64 LOCHLAND ST. MILTON

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

FILED

MAY 26 1960 AM

THIS IS A
PERMANENT RECORD.
Use only
INK APPROVED
black ink or black
rewriter ribbon.

INSTRUCTIONS
FOR
VITAL CERTIFICATE

In giving
DEATH

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

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

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

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

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

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

al Directors:
to use only
BLACK Ink.

0-11-34-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(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. 2434

No. Massachusetts General Hospital BAKER MEMORIAL

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

2 FULL NAME Jacob Taplin

(If deceased 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 River Rd.

St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 28 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 27, 1960, to Feb. 28, 1960

last saw him alive on Feb. 28, 1960, death is said to

have occurred on the date stated above, at 3:20 P.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PERITONITIS, GENERALIZED,
ACUTE

2 days

Due To (b) PERFORATED GASTRIC
ULCER

2 days

Due To (c) ADENOCARCINOMA OF
COLON

3 YEARS

OTHER SIGNIFICANT CONDITIONS BRONCHOPNEUMONIA,
BILATERAL

2 days

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 Feb. 28 1960

6 MT. LEDANON - W. ROXBURY
Place of Burial or Cremation (City or Town)

DATE OF BURIAL FEBRUARY 29, 1960

7 NAME OF FUNERAL DIRECTOR ARNOLD GOLDV

ADDRESS 1662 BEACON ST. B'KLINE

Received and filed MAR 3 1960

Charles H. (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 JALLY KRAMER
(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: PATTERN MAKER
(Kind of work done during most of working life)

14 Industry or Business: CENTURY SPORTSWEAR

15 Social Security No. 025-05-7140

16 BIRTHPLACE (City)
(State or country) RUSSIA

17 NAME OF FATHER MORRIS TAPLIN

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

19 MAIDEN NAME OF MOTHER ETHEL GORODSKY

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

21 Informant SUMNER TAPLIN
(Address) 149 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:
William J. Kane

(Signature of Agent of Board of Health or other)
6971 2 29 60

(Official Designation) (Date of Issue of Permit)

V.B.

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



MAY 24 1960 AM

-THIS IS A
NENT RECORD.
se only

APPROVED

ink or black

writer ribbon.

INSTRUCTIONS

FOR

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
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which caused

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

S.

utions contrib-
death but not
to the terminal
condition given

Chapter 137,

1954, requires

ns to print or

e cause or

ot death on

ificates.

CAP. 46, §§ 9 &

CAP. 114 §§ 45,

CAP. 38 § 6.)

24 1960

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS



Suffolk

(County)

Boston

(City or Town)

PLACE OF DEATH

No. Peter Bent Brigham Hospital

Anna

2 FULL NAME Ethel Chase (Fish)

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

(a) Residence. No. 92 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 10 days. In place of residence 70 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 29, 1960

(Month)

(Day)

(Year)

We HEREBY CERTIFY, That deceased died on Feb. 19, 1960, to February 29, 1960

We last saw her alive on February 29, 1960, death is said to

have occurred on the date stated above, at 8:45 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Lobar pneumonia, right upper lobe

INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

Due To (b) Arteriosclerotic heart disease

Years

Due To (c)

OTHER SIGNIFICANT CONDITIONS Pulmonary edema
Diabetes mellitus

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) Eugene C. Eppinger, M. D.

(Address) Peter Bent Brigham Date Feb. 29, 1960.

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL March 3, 1960

19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAR 7 1960

Charles F. Mackie (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 Louis Abbott Chase
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 83 years 2 Months 8 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: housewife

(Kind of work done during most of working life)

14 Industry

or Business: own home

15 Social Security No. 023-05-6457

16 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

17 NAME OF

FATHER

Augustus Bonapart Fish

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER

Lucy Anna Coombs

20 BIRTHPLACE OF

MOTHER (City)

Salem

(State or country)

Mass.

21

Informant Miss Madelin D. Chase

(Address) 92 Hermon 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)

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

FILED



MAY 24 1960

M R-301A

PLACE OF DEATH

Suffolk

(County)

West Roxbury

(City or Town)



JOSEPH D WARD
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.

025333

No. 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... HARRY EDWARD GOODWIN

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

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

15 Wheelock St.

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. 0 years. 0 months. 26 days. In place of residence 47 years. months. days.

INSTRUCTIONS
FOR
CERTIFICATE

not giving
OF DEATH

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

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

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

ditions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
to print or
the cause or
if death on
ificates, and
48, Acts of
quires Physi-
print or type
signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 1, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
2/4/1960 to 3/1/1960

I last saw him alive on 3/1/1960, death is said to
have occurred on the date stated above, at 12 Noon m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma bladder
metastatic

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was 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) James Berk, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) VAH, West Roxbury, Mass. 3/1/1960

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

DATE OF BURIAL March 4 1960

7 NAME OF FUNERAL DIRECTOR O'Maley Funeral Home
ADDRESS 79 Atlantic St., Winthrop, Mass.

Received and filed MAR 1960

Charles A. Zuckerman (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 9 Months 4 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Property Utilization Officer
(Kind of work done during most of working life)

14 Industry or Business: US Govt

15 Social Security No. 013 05 8925

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

17 NAME OF FATHER William F. Goodwin

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

19 MAIDEN NAME OF MOTHER Mary E. Finnerty

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

21 Informant Mrs. Florence C. Goodwin - wife
(Address) 15 Wheelock 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:

Jaqueline Casey
(Signature of Agent of Board of Health or other)

7044 3-3-60
(Official Designation) (Date of Issue of Permit)

24 1960

92-5686

U134

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

MAY 2 1960

B. THIS IS A
ANALYTICAL RECORD.
Use only

TE APPROVED

ink or black
writer ribbon.

STRUCTIONS
FOR
AL CERTIFICATE

In giving
OF DEATH

not enter
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se for each
, (b) and (c)

does not mean
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e, etc. It means
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gave rise to
cause (a).
the under-
cause last.

itions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates.

HAP. 46, §§ 9 &
HAP. 114 §§ 45,
HAP. 38 § 6.)

al Director:
se use only
ACK Ink.

010-56-923866

The Commonwealth of Massachusetts

OUT - OF - TOWN 103

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.

02697

No. Douglas

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Mildred Garniost
(If deceased 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. 100 Woodside Ave.
(Usual place of abode)

Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 48 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 2 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
March 1, 1960, to March 2, 1960
I last saw her live on Mar. 2, 1960, death is said to
have occurred on the date stated above, at 5 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) intracerebral Hemorrhage, massive, right

Due To
(b)

Due To
(c)

INTERVAL
BETWEEN
ONSET AND
DEATH

1 day

OTHER SIGNIFICANT CONDITIONS Hypertension, 25 yrs
+ val + as

Was autopsy performed?

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed)

Charles L. Clay, M.D.

(Address) Asst. Dir., Mass. Gen'l Hosp. Date 3/2/60

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 4, 1960

7 NAME OF FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAR 9 1960

(Registrar)

MAY 24 1960

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED

female white

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Lorenz Garnjost

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 62 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:

own home

15 Social Security No. 010-20-9573-A

16 BIRTHPLACE (City)

Newton

(State or country)

Mass.

17 NAME OF

FATHER

Frederick Winthrop King

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Emily Lena Douglas

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Prince Edward Island

21

Informant

(Address)

Lorenz Garnjost

100 Woodside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transfer of the body was made.

(Signature of Agent of Board of Health or other)

7066

(Official Designation)

(Date of Issue of Permit)

3-7-60

(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

MAY 2 1960 AM

N.B.—THIS IS A
PERMANENT RECORD.
Use only

DATE APPROVED
Ink or black
penwriter ribbon.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
STATE 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,
h gave rise to
e cause (a),
ng the under-
e cause last.

ditions contrib-
to death but not
to the terminal
condition given

Chapter 137,
of 1954, requires
clans to print or
the cause or
of death on
certificates.

CHAP. 46, §§ 9 &
CHAP. 114, §§ 45,
CHAP. 38, § 6.)

ral Directors
use use only
LACK Ink.

U-10-58-923886
24 1960

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.

02720

No.

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

Dewey James
Walter Parkinson

(If deceased 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.

58 Cutler St.

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 17 days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3. DATE OF
DEATH

March

6

1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
February 23, 19 60, to March 6, 19 60

W last saw him live on March 6, 19 60, death is said to
have occurred on the date stated above, at 10 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
2 1/2 wks.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia, confluent

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed)

C. L. Cloy

M. D.

Charles L. Cloy, M.D.

(Address) Ass't Dir., Mass. Gen'l Hosp.

Date 3/7/ 19 60

6 Newton Crematory, Newton

Place of ~~burial~~ Cremation

(City or Town)

DATE OF BURIAL

March 9,

19 60

7 NAME OF

FUNERAL DIRECTOR Short & Williamson, Inc.

ADDRESS 173 Brighton Avenue, Allston

Received and filed

MAR 10 1960

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Anna Donellon

(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 10 Months 8 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Mechanic

(Kind of work done during most of working life)

14 Industry

or Business:

Automotive

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Brookline, Mass.

17 NAME OF

FATHER

James Parkinson

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Belfast, Ireland

19 MAIDEN NAME

OF MOTHER

Esther Seeds

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Belfast, Ireland

21

Informant Mrs. Lillian M. Enos (Sister)

(Address) 17 Farrington Ave. Allston

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)

512549

(Official Designation)

3/8/60

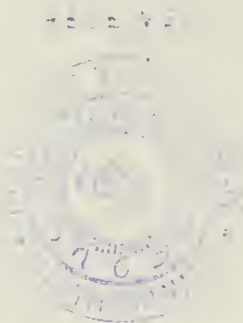
(Date of Issue of Permit)

V.B.

TRUE COPY ATTEST:
A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



MAY 24 1960 AM

JURISDICTION

WAIVED

Suffolk

(County)

Boston

(City or Town)

PLACE OF DEATH

No. New England Deaconess Hospital

2 FULL NAME

H. Isaac Young

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 65 Johnson Avenue

(Usual place of abode)

2 hours, 8 minutes

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 14, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from March 14, 1960 to March 14, 1960

I last saw him alive on March 14, 1960, death is said to have occurred on the date stated above, at 11:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Gastrointestinal hemorrhage

INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

Due To

(b)

Due To Duodenal Ulcer

(c)

OTHER SIGNIFICANT CONDITIONS Carcinoma, left lung
Diabetes Mellitus

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Robert F. Bradley, M. D.

ROBERT F. BRADLEY

(PRINT OR TYPE SIGNATURE)

(Address) 15 J. S. Lincoln, Boston Date March 14, 1960

6 Place of Burial or Cremation

Woburn

(City or Town)

DATE OF BURIAL March 15, 1960

7 NAME OF FUNERAL DIRECTOR

Henry Levine

ADDRESS 470 Harvard St., Brookline

Received and filed MAR 18 1960

(Registrar)

The Commonwealth of Massachusetts

JOSEPH D. WARD

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.

03026

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

PHYSICIAN — IMPORTANT

{(Was deceased a

{U. S. War Veteran,
if so specify WAR}

No

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
or DIVORCED
Widowed10a If married, widowed, or divorced
HUSBAND of Annie Shapiro

(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: Coppersmith
(Kind of work done during most of working life)

14 Industry or Business: boilers

15 Social Security No. ENB1

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Samuel Young

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 Mrs. Miriam Feingold
(Address) 65 Johnson Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHnot enter
more than one
cause for each
(a), (b) and (c)does not mean
mode of dying,
heart failure,
etc. It means
cause, or compli-
cation which causedconditions, if any,
gave rise to
cause (a),
the under-
cause last.conditions contrib-
to death but not
to the terminal
condition givenChapter 137,
1954, requires
to print or
the cause or
of death on
certificates, and
48, Acts of
requires Physi-
to print or type
under signature.

24 1960

6-59-925686

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



MAY 2 1960 AM

ediction
ed.

RM R-301A

INSTRUCTIONS
FOR
AL CERTIFICATE

In giving
E OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

does not mean
mode of dying,
heart failure,
etc. It means
cause, or compli-
which caused

ditions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
to death but not
to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates, and
48, Acts of
requires Physi-
to print or type
nder signature.

24 1960

6-59-925686

The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 03189

Suffolk
(County)
Boston
(City or Town)



No. New England Deaconess Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mr. Irving Carlson
(If deceased 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. 93 Locust Street St. Winthrop, Mass.
(Usual place of abode) 21 hours, 30 minutes (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 17, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
MARCH 16, 1960 to March 17, 1960

I last saw him alive on March 17, 1960, death is said to
have occurred on the date stated above, at 1:00 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCTION

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS LYMPHOSARCOMA

Was autopsy performed? YES

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Arons, M. D.
J. H. Arons
(PRINT OR TYPE SIGNATURE)

(Address) NEW ENGLAND DEAC. HOSP 3/17 1960

6 HARRIMAN, W. ROTBURY
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MARCH 18 1960

7 NAME OF FUNERAL DIRECTOR BENI F. SOLOMON
ADDRESS 420 HAYWARD ST. BROOKLINE

Received and filed MAR 22 1960

(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 DEBBIE SILVERMAN
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: TORMAN
(Kind of work done during most of working life)

14 Industry or Business: AUTOMOBILE SUPPLIES

15 Social Security No. 028-03-3342

16 BIRTHPLACE (City) RUSSIA
(State or country)

17 NAME OF FATHER LOUIS COHEN (OK)

18 BIRTHPLACE OF FATHER (City) RUSSIA
(State or country)

19 MAIDEN NAME OF MOTHER REBECCA NESSENOFF

20 BIRTHPLACE OF MOTHER (City) RUSSIA
(State or country)

21 Informant HARRY L. CARLSON
(Address) 22 HOLLYWOOD RD. W. ROTBURY

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Norma MacDonald
(Signature of Agent of Board of Health or other)

7257 3-16-60
(Official Designation) (Date of Issue of Permit)

V.B.V

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

MAY 2 1969 AM

RMR-301A

1.B.—THIS IS A
PERMANENT RECORD
Use only

TE APPROVED
ck ink or black
ewriter ribbon.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

not enter
re than one
ise for each
, (b) and (c)

does not mean
ode of dying,
heart failure,
etc. It means
case, or compli-
which caused

itions, 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
ans to print or
be cause or
of death on
certificates.

HAP. 46, §§ 9 &
HAP. 114 §§ 45,
HAP. 38 § 6.)

al Director
he use only
CK ink.

10-55-923886
24 1960

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.

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 Laura Burrill
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 46 Thornton Park St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 2 months 2 days. In place of residence 70 years 7 months 25 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 18 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That deceased deceased from
March 16, 1960 to March 18, 1960
was last seen alive on March 18, 1960, death is said to

have occurred on the date stated above, at 5:22A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Status post op.: Lysis of
adhesions, enterd-enterostomy

Due To Intestinal obstruction

Due To Adhesions, abdominal

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? YesWhat test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. L. Clay, M. D.
(Address) Asst. Dir., Mass. Gen'l Hosp. Date 3-18-1960

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 21 1960

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed MAR 24 1960 19

Charles H. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 7 Months 25 Days
If under 24 hours
Hours Minutes

13 Usual Occupation: Teacher
(Kind of work done during most of working life)

14 Industry or Business: Public School

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

17 NAME OF FATHER Elsworth Burrill

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Annie Cobb

20 BIRTHPLACE OF MOTHER (City) Prince Edward Island
(State or country)

21 Informant Elizabeth Law
(Address) 46 Thornton Park Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
William J. Kene.

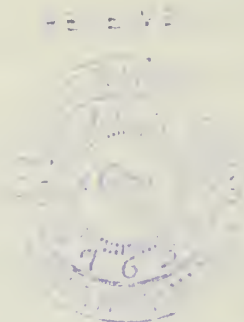
(Signature of Agent of Board of Health or other)

7286 3 21 60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



MAY 24 1960 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

OUT-OF-TOWN

To be filed for burial permit
with Board of Health
or its Agent.

03307

Registered No.

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) NoSuffolk
(County)Boston, Mass
(City or Town)STANDARD
CERTIFICATE OF DEATHNo. *Peter Bent Brigham Hosp.*2 FULL NAME *Virgilio Rota*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *232 Shirley*
(Usual place of abode)St. *Winthrop, Mass.*

(If nonresident, give city or town and State)

Length of stay: In place of death years months *4* days. In place of residence *20* years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 22, 1960.*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That *He* died on *March 18, 1960*, to *March 22, 1960*.I last saw him alive on *March 22, 1960*, death is said to
have occurred on the date stated above, at *1:15 P.m.*

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *BRONCHOGENIC CARCINOMA
of right lung with METASTASES
to heart, mediastinum and
left lung*
(b) *left lung*INTERVAL
BETWEEN
ONSET AND
DEATH*1 yr.*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?

If so, specify

(Signed) *Eugene C. Eppinger*, M. D.
Eugene C. Eppinger M.D.
(PRINT OR TYPE SIGNATURE)

(Address) Date 19

6 *Boly Cross Cem. Malden*
Place of Burial or Cremation (City or Town)
DATE OF BURIAL *March 25, 1960*7 NAME OF FUNERAL DIRECTOR *Pane Buonfiglio*
ADDRESS *128 Revere St Revere*Received and filed *MAR 25 1960*

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR *White* 10 SINGLE (write the word)*Married*10a If married, widowed, or divorced
HUSBAND of *Antonetta Caggiano*
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

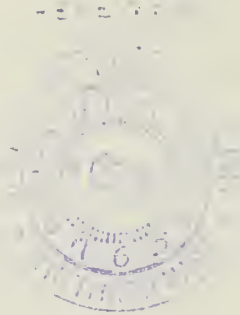
12 AGE *50* Years *3* Months *-* Days
If under 24 hours Hours Minutes13 Usual Occupation: *Self-employed*
(Kind of work done during most of working life)14 Industry or Business: *Carpenter*15 Social Security No. *Chad*16 BIRTHPLACE (City) *Italy*
(State or country)17 NAME OF FATHER *Frank Rota*18 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)19 MAIDEN NAME OF MOTHER *Catherine Vittoni*20 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)21 Informant *Mr. Antonetta Rota*
(Address) *232 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:*Jaqueline Carey*
(Signature of Agent of Board of Health or other)*7352* *3-23-60*
(Official Designation) (Date of Issue of Permit)

FORM R-301A

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)is does not mean
mode of dying,
as heart failure,
mia, etc. It means
disease, or compli-
cations which caused
it.ditions, if any,
which gave rise to
the cause (a),
being the under-
lying cause last.ditions contrib-
to death but not
to the terminal
condition givenChapter 137,
of 1954, requires
physicians to print or
type the cause or
of death on
certificates, and
under 48, Acts of
requires Physi-
to print or type
under signature.M.S.
24 1960

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar



MAY 24 1960 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its Agent.

SUFFOLK

(County)

BOSTON

(City or Town)

STANDARD
CERTIFICATE OF DEATHNo. Massachusetts Memorial HospitalsRegistered No. 02172
(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

Darion S Terrilo

2 FULL NAME Darion S. Terrilo

(If deceased 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. 206 Bartlett Road
(Usual place of abode)St. WINTHROP, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. — years. — months. — days. In place of residence. 63 years. — months. — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 25 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
March 25 1960 to March 25 1960
I last saw him alive on March 25 1960, death is said to
have occurred on the date stated above, at 4:22 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGEINTERVAL
BETWEEN
ONSET AND
DEATHDue To ESSENTIAL HYPERTENSION

Due To (c) _____

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? NoWhat test confirmed diagnosis? LUMBAR PUNCTURE5 Was disease or injury in any way related to occupation of deceased? No
If so, specify No(Signed) Luis A. SobrevillaLUIS A. SOBREVILLA, M.D.(Address) Wash. Mem. Hosp. Date 3.25 19606 WINTHROPPlace of Burial or Cremation WINTHROPDATE OF BURIAL MARCH 29 19607 NAME OF FUNERAL DIRECTOR Manuel N. TerriloADDRESS 206 Bartlett Rd WINTHROPReceived and filed MAR 30 1960Charles A. Mack

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED Married
WIDOWED
OR DIVORCED10a If married, widowed, or divorced A
HUSBAND of AURELIA BELIZIA
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years. — Months. — Days If under 24 hours
— Hours. — Minutes13 Usual Occupation: ATTORNEY
(Kind of work done during most of working life)14 Industry or Business U.S. VETERANS BUREAU15 Social Security No. NOT KNOWN16 BIRTHPLACE (City) BOSTON
(State or country) MASS17 NAME OF FATHER PETER Terrilo18 BIRTHPLACE OF FATHER (City) GENOA
(State or country) ITALY19 MAIDEN NAME OF MOTHER EUGENIA POCCARDO20 BIRTHPLACE OF MOTHER (City) PENNA
(State or country)21 Informant (Address) MR AURELIA TERRILO206 BARTLETT RD WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

7423 3-28-60

(Official Designation)

(Date of Issue of Permit)

FORM R-301A

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)is does not mean
made of dying,
as heart failure,
etc. It means
disease, or compli-
cations which causedditions, if any,
which gave rise to
the cause (a),
being the under-
lying cause last.conditions contrib-
to death but not
to the terminal
condition given

MIS.

Chapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates, and
48, Acts of
quires Physi-
print or type
der signature.

Y 24 1960

11-59-926662

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



MAY 2 1960 AM

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 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-2-56-922072

X
PLACE OF DEATH

MIDDLESEX

(County)

NEWTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

NEWTON

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 214-60

No. 55 Crosby Rd.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christine Papouleas (Papauasiliou)

(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. 17 Cutler St.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 7 months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 3 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 59 to April 3 1960
I last saw her alive on April 3 1960, death is said to have occurred on the date stated above, at 3:30 A. m.

INTERVAL BETWEEN ONSET AND DEATH

? 9 Mo

4 yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic Disease

Secondary to

Due To Cancer of left breast
(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? 0
If so, specify

(Signed) Anton R. Fried, M. D.
(Address) 324 Walnut St. Nvle Date 4/3 1960

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 6 1960

7 NAME OF FUNERAL DIRECTOR Paul P. DeMarkles
ADDRESS 336 Broadway Cambridge

Received and filed May 17 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 Widowed or DIVORCED

10a If married, widowed, or divorced HUSBAND of Angelo Papouleas
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation House wife
(Kind of work done during most of working life)

14 Industry At Home
or Business

15 Social Security No. None

16 BIRTHPLACE (City) Greece
(State or country)

17 NAME OF FATHER Can Not Be Learned

18 BIRTHPLACE OF FATHER (City) Greece
(State or country)

19 MAIDEN NAME OF MOTHER Can Not Be Learned

20 BIRTHPLACE OF MOTHER (City) Greece
(State or country)

21 Informant Katherine Pappas
(Address) 55 Crosby Rd. Newton

A TRUE COPY

ATTEST: Monte R. Boshas
(Registrar of City or Town where death occurred)

DATE FILED April 6, 1960

19

RECEIVED



MAY 19 1960 PM

THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

PLACE OF DEATH

1

The Commonwealth of Massachusetts

JOSEPH D. WARD

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. 111

No. Danvers State Hosp., Hatherne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Finn, Anna E. (Anna E. Gunn) (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran. If so specify WAR. No)

(a) Residence. No. 10 Palmyra St. St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 5 months 22 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 4 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1956 to May 4, 1960
I last saw him live on May 4, 1960, death is said to have occurred on the date stated above, at 1:20a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral thrombosis

Due To (b) Generalized Arteriosclerosis
yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Bronchopneumonia days

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) Ruth M. Crossfield M. D.
(Address) Hatherne, Mass. Date 5/4/1960

6 Winthrop Cem. Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 9, 1960

7 NAME OF FUNERAL DIRECTOR Morris W. Kirby
ADDRESS Winthrop, Mass.

Received and filed JUN 10 1960 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
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)

(or) WIFE of William J. Finn
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 10 Months 24 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Unknown

16 BIRTHPLACE (City) Boston, Mass.
(State or country)

17 NAME OF FATHER James T. Gunn

18 BIRTHPLACE OF FATHER (City) Boston, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Mary Ellen Waters

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Mary E. Sheehan
(Address) Hatherne, Mass.

A TRUE COPY Ronell J. Toomey

ATTEST:
(Registrar of City or Town where death occurred)

DATE FILED May 4, 1960

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

.....

JUN 10 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.STANDARD
CERTIFICATE OF DEATH

Registered No. 112

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. MOUNTS REST HOME HIGHLAND AVE (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ELLEN J. MONAHAN (EAGAN)

(If deceased 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)

17 TRINITY ST

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 1 days. In place of residence 46 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 4 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1960, to MAY 4, 1960

I last saw her alive on May 4, 1960, death is said to have occurred on the date stated above, at 11:45 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion
Acute

Due To (b) Coronary Artery Heart Disease 2 yrs

Due To (c) Anemia, hypochromic Normocytic 6 mos

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)

Charles Liberman M. D.
Charles Liberman

(PRINT OR TYPE SIGNATURE)

(Address) WINTHROP, Date 5/6/1960

6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 7 1960

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP

Received and filed MAY 6 1960 19

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED11a If married, widowed, or divorced
HUSBAND of(or) WIFE of JOSEPH J. MONAHAN
(Give maiden name of wife in full)
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: HOME

15 Social Security No.

16 BIRTHPLACE (City) WINTHROP
(State or country) MASS

17 NAME OF FATHER JOHN EAGAN

18 BIRTHPLACE OF FATHER (City) LEOMINSTER
(State or country) MASS

19 MAIDEN NAME OF MOTHER MARY EVANS

20 BIRTHPLACE OF MOTHER (City) CHICOPEE
(State or country) MASS21 Informant JOHN MONAHAN
(Address) 177 HERMAN 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. Liberman
(Signature of Agent of Board of Health or other)Health Officer 5/6/60
(Official Designation) (Date of Issue of Permit)

(Registrar)

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

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

113

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Spacone, Baby Boy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 31 Elmwood 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 May 5 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
5/5 1960, to May 5 1960
I last saw him alive on May 5 1960, death is said to
have occurred on the date stated above, at 12:15 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH
45 min.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) STILL BORN Sengertal
At 10:22 a.m.

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) Marion C. Sabia, M.D.

MARION C. SABIA

(PRINT OR TYPE SIGNATURE)

(Address) 241 Marlborough St. Boston Date May 5 1960

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 6 1960

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 Revere St. Revere

Received and filed May 27 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn
12 AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

17 NAME OF FATHER Candido Spacone

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Concetta Lavillotti

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

21 Informant Candido Spacone
(Address) 31 Elmwood St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Scurran
(Signature of Agent of Board of Health or other)

Health Officer 5/6/60
(Official Designation) (Date of Issue of Permit)

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
a for each
(b) and (c)

es not mean
of dying,
heart failure,
etc. It means
ee, or compli-
which caused

isms, if any,
have rise to
cause (a),
the under-
ause last.

onions contrib-
to death but not
the terminal
dition given

e Chapter 137,
of 54, requires
its to print or
d cause or
death on
ificates, and
er 8, Acts of
quires Physi-
or print or type
ur signature.

M-99-925686

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

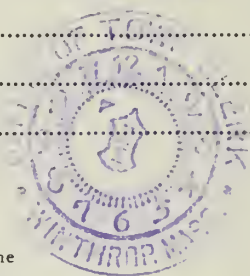
RANK, RATING

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RECEIVED



MAY 27 1960 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

Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

114

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 Generoso Repucci

(Was deceased a
U. S. War Veteran, no
(If so specify WAR)

63 Monmouth St.

(at Residence, No.
(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....3.....days. In place of residence 10 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 3, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
October 19, 1959, to May 8, 1960.
I last saw him alive on May 5, 1960, death is said to
have occurred on the date stated above, at 6:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA of Prostate

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

SENILITY

INTERVAL
BETWEEN
ONSET AND
DEATH

1955

YRS.

Was autopsy performed? NO

What test confirmed diagnosis? PATH. LAB. - M.G.H.

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify

(Signed) D. Thomas Staffier, M. D.

19 Broad St. Boston
(Address) Date May 9, 19606 Holy Cross, Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 11, 19607 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS 42 Ballenger Ave. E. Boston

Received and filed MAY 9 1960

(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 Josephine Moschella
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 23 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: expressman
(Kind of work done during most of working life)

14 Industry or Business: retired

15 Social Security No. 000000000

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Arcangelo Repucci

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Mary Coppola

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Alfred Repucci
(Address) 42 Ballenger Ave. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/9/60

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 DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

115

No. en route to Winthrop Community Hospital
If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME WILLIAM M. McLAUGHLIN
(If deceased is a married, widowed or divorced woman, give also maiden name.)
PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran, WW II
if so specify WAR)(a) Residence. No. 149 Bowdoin 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 May 10 1960
(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 sclerosis;
Acute myocardial infarction.

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? Yes No 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, Mass. Date 5/10 1960

7 Winthrop Cemetery, Winthrop

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL May 13, 1960

8 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed MAY 12 1960

PERSONAL AND STATISTICAL PARTICULARS

9 SEX male 10 COLOR white 11 SINGLE MARRIED (write the word)
WIDOWED divorced married11a If married, widowed, or divorced
HUSBAND of Majorie N. Nelson
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 46 Years 4 Months 9 Days If under 24 hours
Hours Minutes14 Usual Occupation: Police Officer
(Kind of work done during most of working life)

15 Industry or Business: Town of Winthrop

16 Social Security No. 032-09-3410

17 BIRTHPLACE (City) Winthrop
(State or country) Mass.

18 NAME OF FATHER William H. McLaughlin

19 BIRTHPLACE OF FATHER (City) Madison
(State or country) Indiana

20 MAIDEN NAME OF MOTHER Nora Feeney

21 BIRTHPLACE OF MOTHER (City) Galway
(State or country) Ireland22 Informant Mrs. Majorie N. McLaughlin
(Address) 149 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) 5/13/60

N. D. - WHILE 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, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

35M-11-59-926662

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE ...October 23, 1942.....

DATE OF DISCHARGE May 27, 1946

RANK, RATING Boatswain's Mate second class M-1

ORGANIZATION AND OUTFIT U. S. N. R.

SERVICE NUMBER 400 41 56

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due 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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No.

STANDARD

CERTIFICATE OF DEATH

Registered No.

116

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME. Gillis, Baby Girl

(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.
(Usual place of abode)

129 Cottage Street

St.

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 12 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

19..... to 19.....

I last saw him alive on..... death is said to

have occurred on the date stated above, at..... m. ✓

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? *no*What test confirmed diagnosis? *Chloroform*5 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....(Signed) *Louis E. Schraffa*, M. D.*Louis E. Schraffa M.D.*

(PRINT OR TYPE SIGNATURE)

(Address) *19 Benjamin St. Everett* Date *May 12 1960*6 Place of Burial or Cremation *Woodlawn Cemetery Everett*

DATE OF BURIAL May 16, 1960

7 NAME OF FUNERAL DIRECTOR *Anthony P. Rapino*ADDRESS *9 Chelsea St., East Boston, Mass.*

Received and filed MAY 16 1960 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED single
WIDOWED single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. stillborn

12 AGE..... Years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business: *****

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

17 NAME OF FATHER Walter James Gillis

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Rose Valletta

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.21 Informant *Walter J. Gillis (father)*
(Address) *129 Cottage St., East Boston, Mass.*I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedms, if any,
ave rise to
ause (a),
the under-
ause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
154, requires
s to print or
cause or
death on
ificates, and
18, Acts of
ires Physi-
rint or type
signature.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

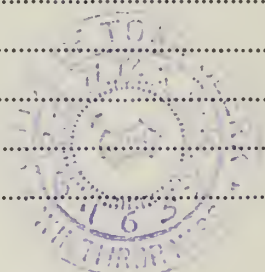
DATE OF DISCHARGE.....

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.

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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.

THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town 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

Worcester

(County)

Rutland

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Rutland (City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 117

Rutland State Sanatorium

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

John Francis Keleher

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.)

461 Shirley

Winthrop, Mass.

(a) Residence. No. (Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death 5 years 4 months 2 days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13, 1960 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 11 to May 13, 1960
I last saw him alive on May 13, 1960, death is said to have occurred on the date stated above, at 1:15 a.m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
Myocardial infarction -
Coronary Heart Disease

Due To Pneumoconiosis & Emphysema 7 yrs

Due To Pulmonary tuberculosis 7 yrs

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No X-ray & lab
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ali A. Gurcay M. Rutland State San. May 13, 1960
(Address) Calvary Woburn, Mass.

6 Place of Burial or Cremation May 16, 1960 (City or Town)

DATE OF BURIAL May 16, 1960

7 NAME OF FUNERAL DIRECTOR A.P. Graham Woburn, Mass.

ADDRESS

Received and filed May 13, 1960

(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 Married or DIVORCED

10a If married, widowed or divorced, name of HUSBAND of Elizabeth T. Winslow (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 2 14 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Salesman (Kind of work done during most of working life)

14 Industry or Business Leather Goods 003-07-0945

15 Social Security No.

16 BIRTHPLACE (City) Woburn, Mass. (State or country)

17 NAME OF FATHER Cornelius Keleher

18 BIRTHPLACE OF FATHER (City) Woburn, Mass. (State or country)

19 MAIDEN NAME OF MOTHER Elizabeth McGovern

20 BIRTHPLACE OF MOTHER (City) Woburn, Mass. (State or country)

21 Informant Elizabeth T. Keleher (Address) 461 Shirley St., Winthrop, Mass.

A TRUE COPY

ATTEST: Linda A. Hanff (Registrar of City or Town where death occurred)

DATE FILED May 13, 1960

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE JUN - 2 1960 AM...

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

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

118

No. 90 Cottage Avenue

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Charles Henry Whitney

(If deceased 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. 90 Cottage Avenue
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 57 years months days. In place of residence 57 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 18, 1952, to May 13, 1960I last saw him alive on May 12, 1960, death is said to
have occurred on the date stated above, at 9:10 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic heart disease

INTERVAL
BETWEEN
ONSET AND
DEATH

12 yrs

Due To Generalized arteriosclerosis
(b)

15 yrs

Due To
(c)OTHER SIGNIFICANT CONDITIONS Bilateral inguinal
herniae

8 yrs

Was autopsy performed? no

What test confirmed diagnosis? Clinical and laboratory

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) M. Traunstein, Jr., M.D.

(PRINT OR TYPE SIGNATURE)

(Address) 73 Bartlett Rd. May 14, 1960
Winthrop 52, Mass.6 Winthrop Cemetery, Winthrop, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 16, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed May 16, 1960

(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 Harriet A. Booth
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 93 Years 5 Months 12 Days

If under 24 hours
Hours Minutes13 Usual Occupation: retired salesman
(Kind of work done during most of working life)

14 Industry or Business wholesale cotton sales

15 Social Security No. none

16 BIRTHPLACE (City) Roxbury Mass.
(State or country)

17 NAME OF FATHER Charles Joseph Whitney

18 BIRTHPLACE OF FATHER (City) Roxbury Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Mary Elizabeth Dunbar

20 BIRTHPLACE OF MOTHER (City) Roxbury Mass.
(State or country)21 Informant Mrs. Fred W. Lee
(Address) 111 River St. Matapan, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1 R-301A

PLACE OF DEATH

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 causeddums, if any,
have rise to
cause (a),
the under-
ause last.ditions contrib-
death but not
the terminal
condition givenChapter 137,
54, requires
to print or
cause or
death on
certificates, and
8, Acts of
requires Physi-
print or type
signature.

4-59-925686

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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.

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 19 Summit Avenue

STANDARD
CERTIFICATE OF DEATH

Registered No.

119

{(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 Elizabeth A. Lapham
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 19 Summit Ave.
(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 May 16, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
12 May 1960, to 16 May 1960.
I last saw her alive on 12 May 1960, death is said to
have occurred on the date stated above, at 3 A.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Stomach
1 yrDue To
(b) _____Due To
(c) _____OTHER
SIGNIFICANT
CONDITIONS Generalized ArteriosclerosisWas 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.

Arthur C. Murray
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop Date 17 May 1960

6 Winthrop Cemetery Winthrop Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 18, 1960

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed May 18, 1960

(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 80 Years..... Months..... Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation: Retired Clerk
(Kind of work done during most of working life)

14 Industry or Business: Food

15 Social Security No. _____

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Patrick J. Lapham

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ann Rafferty

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Theresa Kiehle
(Address) 19 Summit Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Berryman
(Signature of Agent of Board of Health or other)Health Officer 5/18/60
(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.

MAY 18 1960

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. 120

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

40 Lincoln St.,

PHYSICIAN — IMPORTANT

2 FULL NAME Baby Girl Gentile

{(Was deceased a
U. S. War Veteran,
{if so specify WAR)

12 Paris St.,

St. E. Boston, Mass.

(If nonresident, give city or town and State)

(a) Residence. No.
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 19, 1960
(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.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Still Born stillborn

Due To Prolapsed Cord
(b) Prolapsed CordDue 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) Louis E. Schrafft, M. D.

19 Belmont St. E. B.

(Address) Louis E. Schrafft Date May 19, 1960

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 23, 1960

7 NAME OF FUNERAL DIRECTOR Frederick J. McGrath
ADDRESS 45 Waldemar Ave E. Boston

Received and filed MAY 23 1960

(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
(Husband's name in full)11 IF STILLBORN, enter that fact here stillborn
12 AGE.....Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

17 NAME OF FATHER JOSEPH GENTILE

18 BIRTHPLACE OF FATHER (City) BOSTON
(State or country) MASS

19 MAIDEN NAME OF MOTHER ROSE FREND

20 BIRTHPLACE OF MOTHER (City) SOMERVILLE
(State or country) MASS21 Informant Joseph Gentile
(Address) 12 Paris St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Schrafft
(Signature of Agent of Board of Health or other)Health Officer 5/23/60
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
CERTIFICATEI giving
OF DEATHto enter
than one
for each
(b) and (c)es not mean
of dying,
as heart failure,
etc. It means
se, or compli-
which causedhins, if any,
have rise to
cause (a),
the under-
ause last.ions contrib-
to death but not
the terminal
dition givenChapter 137,
f 54, requires
to print or
cause or
death on
ificates, and
8, Acts of
quires Physi-
rint or type
signature.

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.

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. Mayflower Nursing Home

STANDARD
CERTIFICATE OF DEATH

Registered No.

121

{(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, or
{(If so specify WAR)

2 FULL NAME... Nellie Favello

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 215 Leyden
(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death... years. 3 months... days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 23, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1/1 1958 to May 23 1960
I last saw him alive on 5-23-60, death is said to
have occurred on the date stated above, at 6:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO-PNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH
3 DAYSDue 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? No
If so, specify

(Signed) Frederick B. O'Regan M. D.

113 Pleasant St. Win. (Address) Date 5, 23 1960
(PRINT OR TYPE SIGNATURE)6 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 25 1960

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS 45 Waldemar Ave. E. Boston

Received and filed MAY 24 1960

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 Anthony Favello
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 79 AGE Years... Months... Days If under 24 hours
Hours... Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No.

16 BIRTHPLACE (City) Boston, Mass.
(State or country)

17 NAME OF FATHER John Dondero

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER unknown

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Louis Favello
(Address) 20 Waldemar Ave. 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 5/23/60
(Official Designation) (Date of Issue of Permit)

(Registrar)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEI giving
OF DEATHoot enter
than one
u for each
a(b) and (c)es not mean
ne of dying,
as heart failure,
etc. It means
see, or compli-
which causeddins, if any,
have rise to
cause (a),
the under-
cause last.ions contrib-
to death but not
the terminal
condition givenChapter 137,
54, requires
to print or
cause or
death on
ificates, and
8, Acts of
quires Physi-
print or type
r signature.

1-59-925686

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.

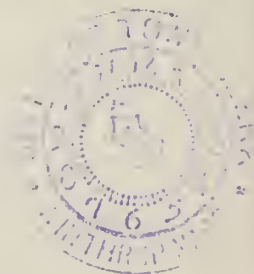
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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



MAY 24 1960 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

1

PLACE OF DEATH

130X
(County)

Danvers
(City or Town)

No. Danvers State Road, Waltham, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Seix, Marion
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 146 Grandview Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years 2 months 9 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 23, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from March 12, 60 to May 23, 60
I last saw him alive on May 23, 1960, death is said to have occurred on the date stated above, at 7:45a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Cerebral Arteriosclerosis with

Due To Arteriosclerotic Heart Disease years

Due To Generalized Arteriosclerosis years

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) Andrew Nichols, III M. D.
Waltham, Mass. Date 5/23/60

(Address) _____ Date _____

6 Holy Cross Cen. Waltham, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 27, 1960

7 NAME OF FUNERAL DIRECTOR Bernard E. Mullin
Waltham, Mass.
ADDRESS _____

Received and filed JUN 10 1960

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Danvers
(City or Town making this return)

Registered No. 122

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 70 Years 9 Months 1 Days
If under 24 hours
Hours.....Minutes

13 Usual Occupation: Retired Bookkeeper
(Kind of work done during most of working life)

14 Industry or Business: _____

15 Social Security No. 016-03-2858

16 BIRTHPLACE (City) Boston,
(State or country) Mass.

17 NAME OF FATHER Neil Seix

18 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Young

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Ireland

21 Informant Mary E. Sheehan
(Address) Waltham, Mass.

A TRUE COPY

ATTEST: Ronnie J. Toomey
(Registrar of City or Town where death occurred)

DATE FILED May 31, 1960

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE JUN 1 9 1939 AM

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

.....

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)

Winthrop Community Hosp.

STANDARD CERTIFICATE OF DEATH

Registered No. 123

{(If death occurred in a hospital or institution,
St. } give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Thomas Hogan
(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. 193 Everett Street
(Usual place of abode)

St. East Boston, Mass
(If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 26. 60
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from Jan 1, 1959, to May 26, 1960
I last saw him live on May 26, 1960, death is said to have occurred on the date stated above, at 11 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Pulmonary Edema

Due To Chronic Myocarditis 2 yrs

Due To Hypertension 2 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) George H. Schwartz M.D.
19 PRINCE STREET Date 5/26/60

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 30, 1960

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston, Mass.

Received and filed May 27, 1960

(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 Anastasia Ryan
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Porter
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 023-10-6816

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER John Hogan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Ryan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Anastasia Hogan
(Address) 193 Everett St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph G. Serian
(Signature of Agent of Board of Health or other)

Health Officer 5/27/60
(Official Designation) (Date of Issue of Permit)

Chapter 137,
137A, requires
a to print or
h cause or
death on
ificates, and
3. Acts of
res Physi-
int or type
signature.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RECEIVED



MAY 27 1960 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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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. 124

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 Coleman

(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. 313 Meridian 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 2 days. In place of residence 16 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 5 29 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MAY 25, 1960, to MAY 29, 1960.
I last saw him alive on MAY 28, 1960, death is said to
have occurred on the date stated above, at 3:04 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHOPNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH

5 DAYS

Due To (b) CARDIAC DECOMPENSATION 3 DAYS

Due To (c) CARDIOMEGALY 6 MONTHS

OTHER SIGNIFICANT CONDITIONS CORONARY ARTERY DISEASE 5 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) A. R. CAPLAN, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 166 BRIMLEY ST. Date 5-29 1960

6 St. Joseph Cemetery W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 2, 1960 19

7 NAME OF FUNERAL DIRECTOR Martin J. Conroy

ADDRESS 489 Washington St. Newton

Received and filed MAY 31 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED10a If married, widowed or divorced
HUSBAND of Julia M. Bradley
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Shipper
(Kind of work done during most of working life)

14 Industry or Business: Photo Supplies

15 Social Security No. 023 09 1010

16 BIRTHPLACE (City) Newton
(State or country) Mass.

17 NAME OF FATHER William R. Coleman

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Margaret A. Cannon

20 BIRTHPLACE OF MOTHER (City) Co. Mayo
(State or country) Ireland21 Informant Richard W. Coleman
(Address) 89 Hobart Rd., Brighton, 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

PLACE OF DEATH

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-6-925686

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.

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MAY 31 1960

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

Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No

125

PLACE OF DEATH

No. 287 Main St.

{If death occurred in a hospital or institution,
St { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Alfonsina Martino

{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. 81 Gladstone St.
Usual place of abode)St East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death: years months days In place of residence: years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 29, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 8, 1960 to May 28, 1960
I last saw her alive on May 29, 1960, death is said to
have occurred on the date stated above, at 11:30p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Liver

INTERVAL
BETWEEN
ONSET AND
DEATH
2mosDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS noneWas autopsy performed? no
What test confirmed diagnosis? pathological-surgical5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Charles Liberman, M. D.

Charles Liberman
(PRINT OR TYPE SIGNATURE)
(Address) Winthrop, Mass. Date 5-30-60, 19606 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 11, 19607 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed MAY 31 1960

(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)
Eliseo Martino
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Ferdinando Patturelli

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Giovannina Nardillo

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Gerald Martino
(Address) 287 Main 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. Liberman
(Signature of Agent of Board of Health or other)
Health Officer 5/31/60
(Official Designation) (Date of Issue of Permit)

R-301A

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6-925686

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

RECEIVED



MAY 31 1960 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.

Registered No.

126

STANDARD
CERTIFICATE OF DEATH

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)No. 66 SHORE DRIVE, SHELLY REST HOME (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME ALICE ROWE SNOW
(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. 59 COTTAGE AVE St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years months days In place of residence 72 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 5 - 29 - 60
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 1956 to May 26 1960I last saw her alive on May 26 1960, death is said to
have occurred on the date stated above, at 3:45 m.INTERVAL
BETWEEN
ONSET AND
DEATH
4 yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive heart failure

Due To Senility
(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) H. B. Greenfield, M. D.

H. B. Greenfield
(PRINT OR TYPE SIGNATURE)

(Address) 447 State St. Woburn, Mass. Date 5-29-1960

WOODLAWN CREMATORY, EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 1 1960

7 NAME OF FUNERAL DIRECTOR MADRICE W. KIRBY

ADDRESS WINTHROP

Received and filed JUN 1 1960 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 EDWARD J. SNOW
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 41 Years Months Days If under 24 hours
Hours Minutes13 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) ROCKLAND
(State or country) ME.

17 NAME OF FATHER JOSHUA N. POWE

18 BIRTHPLACE OF FATHER (City) ROCKLAND
(State or country) ME

19 MAIDEN NAME OF MOTHER CAROLINE KEATING

20 BIRTHPLACE OF MOTHER (City) ROCKLAND
(State or country) ME21 Informant DONALD SNOW
(Address) 59 COTTAGE 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. Greenfield
(Signature of Agent of Board of Health or other)Health Officer 6/1/60
(Official Designation) (Date of Issue of Permit)

Clear 1000

V. H. V.

R-301A

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6-925686

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.

JUN 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.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

127

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 Lester Thayer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 319 Bowdoin Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months10.....days. In place of residence48.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 30 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
FEB. 1958, to MAY 30 1960I last saw him alive on MAY 30 1960, death is said to
have occurred on the date stated above, at 12:50 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) UREMIA

INTERVAL
BETWEEN
ONSET AND
DEATH
4 mosDue To NEPHRO-SCLEROSIS +
(b) PROSTATIC HYPERTROPHY WITH
OBSTRUCTION

1 1/2 YRS.

Due To GENERAL ARTERIO-SCLEROSIS
(c) + ARTERIO-SCLEROTIC HEART DIS

1 1/2 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) Myron H. King M.D.
MYRON H. KING M.D.
(PRINT OR TYPE SIGNATURE)(Address) 222 PLEASANT ST. Date 5/30/60
WINTHROP6 Wyoming Cemetery, Melrose, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 2, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Hask
ADDRESS 174 Winthrop St. Winthrop,

Received and filed 6-1-60

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED

male white

10a If married, widowed, or divorced

HUSBAND of Mary Genevieve Lowther
(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 9 Months 23 Days

If under 24 hours
.....Hours.....Minutes13 Usual Occupation: retired mechanic
(Kind of work done during most of working life)

14 Industry or Business: Forbes Lithograph Co.

15 Social Security No. 031-10-8742-A.

16 BIRTHPLACE (City) Boston
(State or country) Massachusetts

17 NAME OF FATHER Walter Balfour Thayer

18 BIRTHPLACE OF FATHER (City) Boston

(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Florence Choate Knapp

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts21 Informant Mrs. Lester Thayer
(Address) 319 Bowdoin Street, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issuedMass. Ralph C. Searns
(Signature of Agent of Board of Health or other)Health Officer 6/1/60
(Official Designation) (Date of Issue of Permit)

R-301A

CTIONS
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CERTIFICATEiving
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JUL 1 1960

1-6-925686

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.

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Copies of returns of deaths which occur in your city or town in case the deceased resided in another city or town in which the death occurred, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12. G. L.)

50M-4-59-926111

PLACE OF DEATH

Middlesex

(County)

Everett

(City or Town)



The Commonwealth of Massachusetts EVERETT

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 217 128

No. Whidden Hospital

{ (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Gyrdis Willie Dickinson M.D.

(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. 89 Somerset Avenue
(Usual place of abode)St. Winthrop, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death. 3 years. 7 months. 7 days. In place of residence. 41 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 29, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
-- 19 60 to May 29, 19 60
I last saw him alive on 57 5/29/ 60, 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) Arteriosclerotic
Heart Diseaseyrs. &
days.

Due To Generalized

(b) Atheromatosis

years

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Clinical Exam.5 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Peter Sapienza, M. D.
(Address) 6 Appleton St., Date 5/3/19606 Puritan Lawn, W. Peabody, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 1, 1960

7 NAME OF DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed June 23, 1960

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR Wht. 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Mary Elizabeth Cronin
(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 3 Months 10 Days If under 24 hours
Hours Minutes13 Usual Occupation: Medical Physician
(Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No. none

16 BIRTHPLACE (City) Fairfield, Vermont
(State or country)

17 NAME OF FATHER Byron Dickinson

18 BIRTHPLACE OF FATHER (City) Underhill, Vermont
(State or country)

19 MAIDEN NAME OF MOTHER Edna Kittell

20 BIRTHPLACE OF MOTHER (City) Franklin County
(State or country) Vermont21 Informant Mrs. Gyrdis W. Dickinson
(Address) 89 Somerset Av., Winthrop

A TRUE COPY

ATTEST: John M. Sarras
(Registrar of City or Town where death occurred)

DATE FILED 6/17/60



JUN 22 1960 AM

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.

129

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

120 Sargent

No.

STANDARD
CERTIFICATE OF DEATH

Registered No.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Catherine J. Allen (Casey)

(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. 120 Sargent

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years.....months.....days. In place of residence 5 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 8, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov. 57, to June 8, 1960

I last saw her alive on June 8, 1960, death is said to

have occurred on the date stated above, at 1:45 P.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Arteriosclerosis, Syrs

(b) Cerebral Vascular
Occlusion.

1 day

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

None

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman M. D.

Charles Liberman M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 238 Winthrop St. Dr. 6/8 1960

Lakeview Cemetery, Burlington, Vt.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL June 11, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR

white

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George E. Allen

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

87

AGE

Years

Months

10

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Jericho
Vermont

17 NAME OF

FATHER

Patrick Casey

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Information unavailable

19 MAIDEN NAME

OF MOTHER

Information unavailable

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Information unavailable

21

Informant

(Address)

Mrs. Ethel Moran

120 Sargent St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Joseph E. Scrammi
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

R-301A

CTIONS
R
CERTIFICATEiving
DEATHenter
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or each
and (c)not mean
of dying,
rt failure,
It means
or compli-
ch causedif any,
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under-
se last.as contrib-
d but not
e terminal
tion givenChapter 137,
9, requires
no print or
cause or
death on
ates, and
Acts of
Physi-
at or type
signature.

6 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.

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.

130

En route to Winthrop Community Hospital. (If death occurred in a hospital or institution,
 No. St. { give its NAME instead of street and number)

2 FULL NAME SARAH BOUDREAU (Power)
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR) No

(a) Residence. No. 430 Revere Street, 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. 17 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 9, 1960
 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death
 of the person above-named and that the CAUSE AND MANNER thereof
 are as follows: (If an injury was involved, state fully.)

Hypertensive cardio-vascular
 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 6/9 1960

7 Winthrop Winthrop

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL June 13, 1960

8 NAME OF FUNERAL DIRECTOR Arthur S. Porcella

ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed JUN 13 1960

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Married

11a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Ernest R. Boudreau

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 56 Years 8 Months 11 Days

If under 24 hours

Hours Minutes

14 Usual

Occupation: Housewife

(Kind of work done during most of working life)

15 Industry

or Business:

16 Social Security No. 029-12-2603

17 BIRTHPLACE (City)

Boston

(State or country)

Mass.

18 NAME OF

FATHER

Michael Power

19 BIRTHPLACE OF

FATHER (City)

(State or country) Newfoundland

20 MAIDEN NAME

OF MOTHER Ellen

not known

21 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

22

Informant Ernest R. Boudreau

(Address) 430 Revere 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)

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

35M-11-59-926662

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.

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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

131

Suffolk
(County)Winthrop
(City or Town)

No.

WINTHROP COMMUNITY HOSPITALS. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Wright Baby Girl

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 22 HARVARD ST. WINTHROP St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 9 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 9, 1960, to June 9, 1960.
I last saw her alive on Stillborn, 19....., death is said to
have occurred on the date stated above, at 8:27 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn.

Due To Strangulation - infra-
(b) uterine.Due To Cord around neck
(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) M. Traustein Jr. M. D.

M. TRAUSTEIN JR. M.D.
(PRINT OR TYPE SIGNATURE)(Address) 73 BARTLETT RD. Date June 9, 1960
WINTHROP, MASS.6 Place of Burial or Cremation WINTHROP, EVERETT
(City or Town)

DATE OF BURIAL JUNE 10 1960

7 NAME OF FUNERAL DIRECTOR FREDERICK I. MACRATH
ADDRESS EAST BOSTON

Received and filed JUN 10 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
FEMALE WHITE MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. STILLBORN

12 AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) WINTHROP
(State or country) MASS

17 NAME OF FATHER RONALD R. WRIGHT

18 BIRTHPLACE OF FATHER (City) EAST BOSTON
(State or country) MASS

19 MAIDEN NAME OF MOTHER CONSTANCE PERRIN

20 BIRTHPLACE OF MOTHER (City) MEDFORD
(State or country) MASS21 Informant (Address) RONALD R. WRIGHT
22 HARVARD 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)

R-301A

CTIONS
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ent or type
signature.

0 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



JUN 10 1960 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **132**

Suffolk

(County)

~~Revere~~ 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 Cronin, Michael J.

(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. 16 Bellevue Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years 1 months 1 days. In place of residence 19 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 6 10 60
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
FEB 1955 to JUNE 10 1960

I last saw him alive on June 10 1960, death is said to
have occurred on the date stated above, at 3:10 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

25 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) UREMIA

Due To OBSTRUCTION BOTH URETERS

25 DAYS

Due To ADENOCARCINOMA OF RECTUM
WITH METASTASIS

1 1/4 YRS.

OTHER SIGNIFICANT GENERAL ARTERIO SCLEROSIS

5 YRS.

Was autopsy performed? NO

What test confirmed diagnosis? PREVIOUS OPERATION

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 BELLEVUE ST. WINTHROP DATE 6/10 1960

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 13 1960

7 NAME OF FUNERAL DIRECTOR T. Vincent Murray
ADDRESS Revere Mass

Received and filed JUN 13 1960 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word)
MARRIED WIDOWED married or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Helen A Connor
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Expressman
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 033-26-3799

16 BIRTHPLACE (City) Revere
(State or country) Mass

17 NAME OF FATHER Michael Cronin

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Horgan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Helen A. Cronin
(Address) 16 Bellevue 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.

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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. 91 Sargent Street



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.

133

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)2 FULL NAME Mary Florence (Watts) Evans
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 91 Sargent Street
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 47 years months days. In place of residence 47 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 11, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 20, 1959, to June 11, 1960
I last saw her alive on June 10, 1960, death is said to
have occurred on the date stated above, at 7:30 a.m.INTERVAL
BETWEEN
ONSET AND
DEATH
1 hr.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral hemorrhage

Due To Cerebral arteriosclerosis,
(b) severe

1 yr.

Due To Generalized arteriosclerosis
(c)

2 yrs.

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.
(Address) 43 Bartlett Rd., M. D. Date June 11, 19606 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 13 1960

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed JUN 13 1960 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 Charles A Evans

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 3 Months 23 Days If under 24 hours
Hours Minutes13 Usual Occupation: Teacher
(Kind of work done during most of working life)

14 Industry or Business: Private School

15 Social Security No. 011-28-9226

16 BIRTHPLACE (City) New York City
(State or country) New York

17 NAME OF FATHER Charles Watts

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Mary Ann Adams

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Amy F Addison
(Address) 91 Sargent 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)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUN 1 1900

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.

131

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME GERTRUDE BRODIE (Van Ember)

(If deceased 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 Irving Street,
(Usual place of abode)

St. Revere, Massachusetts

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....6.....days. In place of residence.....6.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14, 1960

(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; Arterio-
sclerotic heart disease.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 6/8 1960

IF ACCIDENTAL, was injury causally related to the death? Yes

Where did
Injury occur? Revere, Massachusetts

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in
public place? HomeManner of Fall to floor.
Injury (Specify type of place)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 A. Luongo, M.D.

(Address) Boston Date 6/14 1960

7 Glenwood Centery Everett
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL June 17, 1960

8 NAME OF FUNERAL DIRECTOR Leslie W. Pike

ADDRESS 305 Beach St Revere

Received and filed JUNE 16, 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR

11 SINGLE (write the word)

MARRIED Widowed

WIDOWED

or DIVORCED

Female White

11a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Harry B. Brodie

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

85

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

At Home

(Kind of work done during most of working life)

15 Industry

or Business:

None

16 Social Security No.

17 BIRTHPLACE (City) New Brunswick

(State or country)

Canada

18 NAME OF

FATHER

Robert Van Ember

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Canada

20 MAIDEN NAME

OF MOTHER

Sarah Brodie

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Canada

22

Informant

(Address)

Minerva Johnson

41 Irving Street Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or others)

(Official Designation)

(Date of Issue of Permit)

WRITE PLAINLY 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. 33, §§ 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.

35M-11-59-926662

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

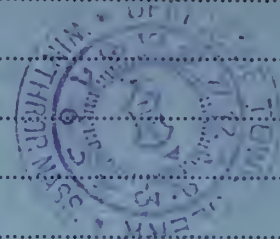
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUN 1 1960 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 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.)"

R-301A

ITIONS
ARTIFICATE

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DEATH

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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 STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **135**

No. Winthrop. Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Mae Thorburn (Corbett)
(If deceased 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 Victoria Street St. REVERE MASS
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 8 years 38 months 8 days. In place of residence 38 years 38 months 8 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from February, 1954, to June 14, 1960
I last saw him alive on June 14, 1960, death is said to have occurred on the date stated above, at 10.15 P.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

6 years

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Biliary Cirrhosis

Due To (b) _____

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS _____

Was autopsy performed? No
What test confirmed diagnosis? Biopsy 1954

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) John F. Collins M.D., M. D.
(Address) 27 Bennington St., Revere, Mass., Date June 15, 1960

6 Ridgewood Cemetery North Andover
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 16, 1960

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike
ADDRESS 305 Beach Street Revere

Received and filed JUNE 16, 1960

(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 Alfred J. Thorburn
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 4 Months 15 Days If under 24 hours _____ Hours _____ Minutes

13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. _____

16 BIRTHPLACE (City) North Adams
(State or country) Mass

17 NAME OF FATHER Arthur Corbett

18 BIRTHPLACE OF FATHER (City) _____
(State or country) England

19 MAIDEN NAME OF MOTHER Annie Lloyd

20 BIRTHPLACE OF MOTHER (City) New Haven
(State or country) Conn.

21 Informant Alfred J. Thorburn
(Address) 14 Victoria Street Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1960

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.

136

No. **MAYFLOWER NURSING HOME** (If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])
ANTONIO MESSINA
2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **227 SCHOOL** St. **REVERE**
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death **6** years **6** months **1** days. In place of residence **3** years **1** months **1** days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, **NO**
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **JUNE 15 1960**
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from
MARCH 4, 1960 to **JUNE 15, 1960**
I last saw him alive on **JUNE 15, 1960**, death is said to
have occurred on the date stated above, at **11:30** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **PULMONARY EDEMA**INTERVAL
BETWEEN
ONSET AND
DEATH**1 DAY**

Due To **CORONARY**
(b) **HEART DISEASE**

Due To **ARTERIO SCLEROSIS**
(c)

OTHER
SIGNIFICANT
CONDITIONSWas 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) **Wm C. Senne** M. D.(Address) **61 Rensselaer Ave** Date **6/16/60**

6 **HOLY CROSS CEMETERY, MALDEN**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **JUNE 20 1960**

7 NAME OF FUNERAL DIRECTOR **CHARLES BRUNO & SON**
ADDRESS **14 PROCTOR AVE, REVERE MASS**

Received and filed **JUNE 20, 1960**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **MALE** 9 COLOR **WHITE** 10 SINGLE (write the word)
MARRIED
WIDOWED
or **DIVORCED**

10a If married, widowed, or divorced
HUSBAND of **MARGARET CUSIMANO**
(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: **SHOE WORKER**
(Kind of work done during most of working life)

14 Industry or Business: **SHOE FACTORY**

15 Social Security No. _____

16 BIRTHPLACE (City) **ITALY**
(State or country)

17 NAME OF FATHER **FRANCESCO MESSINA**

18 BIRTHPLACE OF FATHER (City) **ITALY**
(State or country)

19 MAIDEN NAME OF MOTHER **ROSALIE VOSSELLO**

20 BIRTHPLACE OF MOTHER (City) **ITALY**
(State or country)

21 Informant **Constance Messina**
(Address) **35 MAY HOD TER, MELROSE**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUN 20 1960 AM



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. 137

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 157 Circuit Road

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Julia M Boylan (Christmas)
(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. 157 Circuit Rd
(Usual place of abode)St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 8 months days. In place of residence 1 years 8 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 17 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
January 1959, to June 17 1960
I last saw him alive on June 17, 1960, death is said to
have occurred on the date stated above, at 10:20 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic
Heart DiseaseINTERVAL
BETWEEN
ONSET AND
DEATH

14 YR

(b) Due To Generalized
Arteriosclerosis

14 YR

(c) Due To

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? NO
What test confirmed diagnosis? Physical Findings5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify(Signed) John F Collins, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) Rome MASS Date 17 June 1960

6 St. Columba Middletown R.I.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 20 1960

7 NAME OF FUNERAL DIRECTOR Edenbach
ADDRESS 375 Broadway, Newport R.I.

Received and filed June 20, 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 7 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 Patrick Joseph Boylan
(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: None makes
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Fall River
(State or country) Massachusetts

17 NAME OF FATHER William Christian

18 BIRTHPLACE OF FATHER (City) Fall River
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Mary Frances Jones

20 BIRTHPLACE OF MOTHER (City) Fall River
(State or country) Massachusetts21 Informant (Address) William C. Collins
157 Circuit Rd Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

H. P. Ark June 18, 1960
(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.

138

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. 896 SHIRLEY ST.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME. WILLIAM H. GLOCK
(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. 896 SHIRLEY ST
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 6 years months days. In place of residence. 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 17 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
JUNE 10, 1954 to JUNE 17, 1960
I last saw him alive on JUNE 17, 1960, death is said to
have occurred on the date stated above, at 530 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHOPNEUMONIA - TERMINAL 17 DAY

(b) NEPHROSCLEROSIS & ARTERIO-
SCLEROTIC AND HYPERTENSIVE
HEART DISEASE WITH 6 YRS(c) CONGESTIVE HEART
FAILURE 6 MO.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 N. King
MYRON N. KING M.D.
(PRINT OR TYPE SIGNATURE)
(Address) 322 PLEASANT ST. WINTHROP Date 6/19 19606 MT. ARBOR CAMBRIDGE
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 20 1960

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY
ADDRESS WINTHROP

Received and filed JUNE 23, 1960

(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 BERTHA CHUTE
(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 STOCK ROOM CLERK
(Kind of work done during most of working life)

14 Industry or Business BANKING CO.

15 Social Security No. 031033103A

16 BIRTHPLACE (City) GRACEHAM MD.
(State or country)

17 NAME OF FATHER ADAM GLOCK

18 BIRTHPLACE OF FATHER (City) GERMANY
(State or country)

19 MAIDEN NAME OF MOTHER SUSAN WALRICH

20 BIRTHPLACE OF MOTHER (City) FREDERICKS COUNTY
(State or country) MD.21 Informant MRS HENRY GLOCK
(Address) 896 SHIRLEY ST. WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/20/60

R-301A

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48 Acts of
us Physi-
or type
signature.

-5025686

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.

JUN 2 3 1960 AM



RECEIVED

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. 139

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. Ida Fineberg Ladinsky

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No. 15 Grovers Ave.
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death. 4 hrs. 19 min. years. months. days. In place of residence. 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 18 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Nov. 1952, to June 18, 1960
I last saw her alive on June 18, 1960, death is said to
have occurred on the date stated above, at 10:20 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive-Arteriosclerotic
Heart Disease.

10 yrs

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Acute Pulmonary Edema

6 hrs.

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.
CHARLES LIBERMAN
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop Mass Date 6/18/1960

6 Roxbury Lodge W. Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 19 1960

7 NAME OF FUNERAL DIRECTOR TORE Funeral Service Inc.
ADDRESS 151 Washington Ave Chelsea

Received and filed June 20, 1960

(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 Ida Fineberg
HUSBAND of

(or) WIFE of Israel Ladinsky
(Give maiden name of wife in full)
(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: House wife
(Kind of work done during most of working life)

14 Industry or Business: At Home own Home.

15 Social Security No. None

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Max Fineberg

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Willie CBL

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant HAROLD LADD
(Address) 46 RALPH Rd Marblehead

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

JUN 2 1961



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.

140

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 8 Atlantic St

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME. Hazel E. Kirley (Cody)

{(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 8 Atlantic St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. 35 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 21, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 15, 1960, 19, to June 21, 1960, 19,

I last saw her alive on June 21, 1960, 19, death is said to have occurred on the date stated above, at 9:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

10 days

Due To (b) Aortic stenosis

over
2 years

Due To (c) Hypertension

over
2 yearsOTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? EKG and clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John F. Collins, M.D.

John F. Collins, M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 27 Pennington St. Date June 22, 1960

Winthrop, Revere Mass

6 Place of Burial or Cremation Winthrop Mass (City or Town)

DATE OF BURIAL June 24 1960

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed JUN 24 1960 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 Patrick F. Kirley
(Husband's name in full)

11 IF STILLBORN, enter that fact here

12

AGE 63 Years. Months. Days

If under 24 hours

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

Thomas Cody

18 BIRTHPLACE OF FATHER (City)

St Johns

(State or country)

N. B.

19 MAIDEN NAME

OF MOTHER Mary E. Doyle

20 BIRTHPLACE OF MOTHER (City)

East Boston

(State or country) Mass

Informant (Address)

Patrick F. Kirley
8 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:

(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.

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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.

JUN 28 1960



RECEIVED

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. **141**

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)

PHYSICIAN — IMPORTANT

2 FULL NAME **COHEN, SAMUEL** (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 SAGAMORE 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 **2** days. In place of residence **27** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **June 22 1960**
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from **October 10, 1960, to June 22, 1960**I last saw him alive on **June 22, 1960**, death is said to have occurred on the date stated above, at **7:15 P.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Atherosclerotic Heart Disease**INTERVAL
BETWEEN
ONSET AND
DEATH
5 yrs.Due To **Coronary Heart Disease** **5 yrs.**
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS **Acute Coronary Occlusion**
Myocardial Infarction **3 days**Was autopsy performed? **No**
What test confirmed diagnosis? **Clinical**5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify(Signed) **Charles Liberman** M. D.**CHARLES LIBERMAN**
(PRINT OR TYPE SIGNATURE)(Address) **WINTHROP, MASS.** Date **6/22/1960**6 **Moses Mendelsohn** **West Roxbury**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **June 23 1960**7 NAME OF FUNERAL DIRECTOR **Morris W. Breznjak**
ADDRESS **470 Harvard St., Brookline**Received and filed **JUNE 23 1960**

(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 **Rebecca Pergolna**
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **79** Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation: **Retired**
(Kind of work done during most of working life)14 Industry or Business: **Clothing**

15 Social Security No.

16 BIRTHPLACE (City) **Russia**
(State or country)17 NAME OF FATHER **Isaac Cohen**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 **Mrs. Rebecca Cohen**
(Address) **66 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)

R-301A

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-5 25686

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.

JUN 23 1960 AM



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INSTRUCTIONS
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50M-5-56-917573

X
PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No.

49 IRWIN

2

FULL NAME

MRS. PANAYOTA COUROUSIS BELLAS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

49 IRWIN

St.

(If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence 37 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJune 24 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct 1 1959, to June 24 1960

I last saw her alive on June 23, 1960, death is said to

have occurred on the date stated above, at 11:05 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

1 yr.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Mouth.

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

None.

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 6/26/1960

6

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 25, 1960 19

7 NAME OF
FUNERAL DIRECTOR

MAVRIS & MAVRIS

ADDRESS 48 So. Common St. Lynn

Received and filed JUN 27 1960 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.

142

(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
WIDOWED
or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

James Bellas

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 65 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

16 BIRTHPLACE (City)

Stenatsa, Greece

(State or country)

17 NAME OF

FATHER

CHRISTY COUROUSIS

PARENTS

18 BIRTHPLACE OF

FATHER (City)

Stemnitsa

(State or country)

19 MAIDEN NAME

OF MOTHER

ULGA SAMARAS

20 BIRTHPLACE OF

MOTHER (City)

Stemnitsa,

(State or country)

21

Informant

(Address)

Alexander Bellas (Son)

49 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)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

INSTRUCTIONS
FOR
CERTIFICATEGIVING
OF DEATH

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etc. It means
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Chapter 137,
54, requires
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death on
certificates, and
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retires Physi-
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and signature.

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.

143

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 19 Lewis Ave.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Ada (Garnett) Willis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
(if so specify WAR)

(a) Residence. No. 19 Lewis Ave.
(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 35 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 24 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Sept 24 1959 to June 24 1960

I last saw h^e alive on JUNE 24 1960, death is said to
have occurred on the date stated above, at 10:45 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

2 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INSUFFICIENCY

Due To (b) ARTERIOSCLEROTIC HEART DISEASE

5 YRS

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cheney Appleton M.D.
197 Woodside Ave

(PRINT OR TYPE SIGNATURE)
(Address) WINTHROP, MASS Date June 24 1960

6 Place of Burial or Cremation Winthrop Winthrop
(City or Town)
DATE OF BURIAL June 27 1960

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed JUN 27 1960 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 Charles Willis
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 80 8 14
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) St. John
(State or country) New Brunswick

17 NAME OF FATHER Thomas Garnett

18 BIRTHPLACE OF FATHER (City) ..
(State or country) England

19 MAIDEN NAME OF MOTHER Elizabeth Slack

20 BIRTHPLACE OF MOTHER (City) St John
(State or country) New Brunswick

21 Informant Florence R. Willis
(Address) 19 Lewis Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(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.

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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.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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the terminal
dition given

Chapter 137,
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death on
ificates, and
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recres Physi-
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inc signature.

The Commonwealth of Massachusetts

JOSEPH D. WARD
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.

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)

Registered No. 144

PHYSICIAN — IMPORTANT

2 FULL NAME Stillborn Male Sparacino

(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. 234 LEXINGTON

(Usual place of abode)

St. EAST BOSTON

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 26 1960
(Month) (Day) (Year) 2-5-604 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h.....alive on, 19....., death is said to
have occurred on the date stated above, at, m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) STILLBORN

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? YES

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. GUY GRANDE, M. D.

(PRINT OR TYPE SIGNATURE)
(Address) 20 SARA ST, EAST BOSTON 6/27/606 HOLY CROSS MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 29, 1960

7 NAME OF FUNERAL DIRECTOR DIPIETROKVAZZA
ADDRESS 11 HENRY ST, EAST BOSTON

Received and filed19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR white 10 SINGLE (write the word)
MARRIED single
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here. STILL BORN

12 AGE.....Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) WINTHROP
(State or country) MASS

17 NAME OF FATHER FRANK SPARACINO

18 BIRTHPLACE OF FATHER (City) NEW YORK
(State or country) NEW YORK

19 MAIDEN NAME OF MOTHER THERESA CUNHA

20 BIRTHPLACE OF MOTHER (City) BOSTON
(State or country) MASS.21 Informant FRANK SPARACINO
(Address) 34 LEXINGTON ST, E.B.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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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JUN 27 1960

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.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 145

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Jane M. Toomey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(If deceased was a
U. S. War Veteran,
if so specify WAR)(a) Residence, No. 829 Shirley St
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death... years... months 4 days. In place of residence... 40 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 28 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
June 1, 1960, to June 28, 1960.
I last saw her alive on June 28, 1960, death is said to
have occurred on the date stated above, at 8:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(terminal)Due To Cerebral Hemorrhage
(b) age 5 daysDue To arteriosclerosis -
(c) generalized yrs.OTHER SIGNIFICANT CONDITIONS
hypertension
essential 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) Joseph D. Ward, M. D.
194 Washington Ave.
(PRINT OR TYPE SIGNATURE)

(Address) Joseph D. Ward, M. D., 194 Washington Ave., Boston, Mass. 02119

Winthrop Cemetery Winthrop

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 1, 19607 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed JUN 30 1960

(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 Michael Toomey
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Cork Ireland
(State or country)

17 NAME OF FATHER Edward Baldwin

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary A. Hartnett

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Estelle Farmer
(Address) 141 Meridian St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/30/60

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.

July 24, 1874

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



STANDARD
CERTIFICATE OF DEATH

Registered No. 146

(City or Town)
Winthrop Convalescent Home
No. 142 Pleasant

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Emma E. 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. 142 Pleasant Street
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death. 2 1/2 years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 30, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
7-27, 1950, to 6-30, 1960

I last saw her alive on 6-25, 1960, death is said to
have occurred on the date stated above, at 4:08 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

Due To NEPHROSCLEROSIS
(b)

Due To GENERAL ARTERIO SCLEROSIS
(c) + ARTERIO SCLEROTIC HEART DS

OTHER SIGNIFICANT CONDITIONS NONE

INTERVAL
BETWEEN
ONSET AND
DEATH
5 days

2 YRS.

5 YRS.

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Myron N. King
Myron N. King M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 222 Pleasant St. Date 6/30, 1960

6 St. Mary's Cemetery, Holliston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 2, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed July 1, 1960

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 85 Years 11 Months 6 Days If under 24 hours
Hours Minutes

13 Usual Occupation: at home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 030-07-6235A

16 BIRTHPLACE (City) Cambridge
(State or country) Massachusetts

17 NAME OF FATHER John Sullivan

18 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Elizabeth Dolan

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Massachusetts

21 Edith M. Christopher
Informant (Address) P.O. Box 226, Mattapoisett

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)

(Registrar)

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
, b) and (c)

is not mean
of dying,
early failure,
etc. It means
or compli-
which caused

is, if any,
the rise to
cause (a),
the under-
use last.

adons contrib-
death but not
the terminal
condition given

Chapter 137,
14, requires
to print or
the cause or
to death on
ificates, and
r, Acts of
quires Physi-
ant or type
nd signature.

1-925686

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.

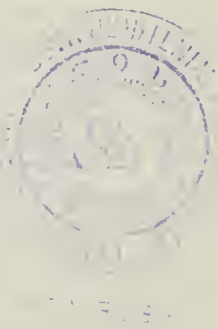
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

WJ 0961 7 JOC



MR-301A

-THIS IS A
NENT-RECORD.-Only
APPROVED
Ink or black
writer ribbon.INSTRUCTIONS
FOR
CERTIFICATEgiving
S OF DEATHNot enter
o. than one
s) for each
a (b) and (c)does not mean
me of dying,
heart failure,
etc. It means
ure, or compli-
which causedions, if any,
have rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
of 54, requires
dis to print or
U cause or
death on
ificates.CHP. 46, §§ 9 &
CHP. 114 §§ 45,CJP. 3836
11 14 1960Director:
use only
AK Ink.

W-56-923686

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. 3959

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 Elizabeth Mullen
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 25 Moore St. s. Winthrop, Massachusetts
(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 7, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY. That deceased died on
March 3, 1960 to April 7, 1960last saw her live on April 7, 1960, death is said to
have occurred on the date stated above, at 1:50P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH
4 daysDue To (b) Carcinoma of sigmoid with
obstruction of bowelunk
mons

Due To (c)

OTHER SIGNIFICANT CONDITIONS Perforation of Carcinoma
with abscessunk
dys

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) Ass't Dir., Mass. Gen'l Hosp. Date 4-7-1960

6 Place of Burial or Cremation Peterboro N.H. (City or Town)

DATE OF BURIAL April 11 1960

7 NAME OF FUNERAL DIRECTOR Sullivan Bros. Rechar, Inc.

ADDRESS 30 Spring St. Boston N.H.

Received and filed APR 13 1960

Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED 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 81 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Telephone Supervisor
(Kind of work done during most of working life)

14 Industry or Business: Telephone

15 Social Security No. None

16 BIRTHPLACE (City) Peterboro (State or country)

17 NAME OF FATHER Edward Madden

18 BIRTHPLACE OF FATHER (City) Peterboro N.H. (State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Maddon

20 BIRTHPLACE OF MOTHER (City) Peterboro N.H. (State or country)

21 Informant Charles Madden

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Norma Mae Donaldson
(Signature of Agent of Board of Health or other)4-8-60 7630
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

JUL 1 1880 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

At sea-Pacific Ocean
(County)
250 miles West of
Astoria, Oregon
(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or Town making this return)

148

Registered No.

No. On board Maryland Trader St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

LOCAL REGISTRAR'S		STANDARD CERTIFICATE OF DEATH		STATE FILE NO.	
NUMBER	67 4522-P-52-5	STATE OF OREGON	BOARD OF HEALTH - PORTLAND	DATE RECEIVED	APR 26 1960
1. NAME OF DECEASED (Type or print all entries in black ink)		First	Middle	Last	
Dennis		Thomas	Hickey		
2. PLACE OF DEATH A. COUNTY		3. USUAL RESIDENCE (If institution, give residence before admission)			
At sea - Pacific Ocean		A. STATE B. COUNTY			
B. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION			
250 miles West of Astoria, Ore		Winthrop			
D. NAME OF HOSPITAL (If in hospital, give name and address) OR INSTITUTION		D. STREET ADDRESS, RURAL ROUTE, ETC.			
On board Maryland Trader		35 Marshall Street			
4. DATE OF DEATH Month Day Year		5. SEX	6. COLOR OR RACE	7. MARITAL STATUS	
April 14 1960		Male	White	☐ Married ☐ Widowed ☐ Divorced ☐ Never Married	
8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION (Kind of work done during most of life)		11. NAME OF SPOUSE	
022-12-0160		Seaman - viper		None	
12. DATE OF BIRTH Month Day Year		13. AGE LAST BIRTHDAY Yrs.		14. IF UNDER 1 YEAR Days	
December 3 1921		38			
14. BIRTHPLACE (State or Foreign Country)		15. WAS DECEASED A CITIZEN OF U.S.		16. IF DECEASED WAS A VETERAN, WHAT WAR?	
Boston, Massachusetts		☐ Foreign Country Name of Country			
17. NAME OF FATHER		18. MAIDEN NAME OF MOTHER		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	
James J. Hickey		Josephine Lee		Josephine Hickey (Mother)	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):					Interval between Onset and Death (Years, days, hours, etc.)
Coronary artery atherosclerosis					Several years
Conditions, if any, which gave rise to above cause (B), stating the underlying cause last					
DUE TO (B): with probable coronary occlusion					5 hours
DUE TO (C): and beginning myocardial infarction					
PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a):					
23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide		24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
26. TIME OF INJURY A. M. P. M.		27. DESCRIBE HOW INJURY OCCURRED.		28. City County State	
28. CERTIFICATE: I certify that I (signature) (investigated the death of the deceased from or on 4-14-60 to (date) and that the death occurred at 5:30 p.m. from the causes and on the date stated above. 4-16-60 (Signature) (Address) 812 Exchange St., Astoria, Ore. (Date Signed)					
29. RESERVED FOR REGISTRAR'S USE					
30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other		30B. DATE 4/18/60		30C. NAME OF CREMATORY OR CEMETERY Holly Cross	
31. DATE RECEIVED BY LOCAL REGISTRAR Apr 18 1960		32. REGISTRAR'S SIGNATURE William C. Vanhook		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Luce-Leyton Funeral Home Astoria, Oregon	
				34. LOCATION (City or Town) State Malden Mass. 420.1	

JUL 14 1960

DATE FILED

(Registrar of City or Town where deceased resided)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

.....

1.B.—THIS IS A
PERMANENT RECORD.
Use only
blue ink or black
ballpoint pen or
fountain pen.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

In giving
this certificate

do not enter
more than one
cause for each
(a), (b) and (c)

1. This does not mean
mode of dying,
heart failure,
etc. It means
cause, or compli-
cation which caused

causes, if any,
which gave rise to
the cause (a),
the under-
lying cause last.

2. This contrib-
utes to the death but not
to the terminal
condition given

Chapter 137,
1954, requires
this to print or
be cause or
cause of death on
certificates.

CAP. 46, § 9 &

CAP. 114, § 45,

(CAP. 38, § 6.)

Local Directors:

Use only

APR 14 1960

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No.

MASSACHUSETTS GENERAL HOSPITAL

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. 01201

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME JAMES BARRY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 74 Read
(Usual place of abode)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence 59 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 15 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased, from
April 11, 1960 to April 15, 1960

Last saw him alive on April 15, 1960, death is said to
have occurred on the date stated above, at 9:45A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Lobar Pneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH

Unk days

Due To Carcinoma of stomach
(b)

1 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) Charles L. Clay, M.D.
(Address) Ann's Dir., Mass. Gen'l Hosp. Date 4/15/1960

6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL APR 18 1960

7 NAME OF FUNERAL DIRECTOR MURICE W. KIRBY
ADDRESS WINTHROP

Received and filed APR 20 1960

Charles A. Mackie (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 MRS. SIMPSON
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: PROPRIETOR
(Kind of work done during most of working life)

14 Industry or Business: GENERAL TRUCKING

15 Social Security No.

16 BIRTHPLACE (City) BOSTON
(State or country)

17 NAME OF FATHER JAMES BARRY

18 BIRTHPLACE OF FATHER (City) IRELAND
(State or country)

19 MAIDEN NAME OF MOTHER ELEN MURRAY

20 BIRTHPLACE OF MOTHER (City) IRELAND
(State or country)

21 Informant ALICE BARRY
(Address) 74 READ 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)
E. J. Barry
(Official Designation) 5/13/60 (Date of Issue of Permit)

A TRUE COPY ATTEST;

Charles H. Mackie

City Registrar

JUL 1 1900

OUT - OF - TOWN

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.

Registered No. 04296

Suffolk
(County)
Boston
(City or Town)



STANDARD
CERTIFICATE OF DEATH

No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bernstein, Joseph (If deceased 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. 181 Grovers Ave. St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 16, 1960 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 4/16, 1960, to 4/16, 1960

I last saw him alive on 4/16, 1960, death is said to have occurred on the date stated above, at 6:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH 1 day

Due To (b) cerebral Atherosclerosis 20 years

Due To (c)

OTHER SIGNIFICANT CONDITIONS Hypertensive Vascular Disease 30 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) Willard Harris, M. D. (PRINT OR TYPE SIGNATURE)

(Address) Beth Israel Hosp. 4/16, 1960

6 Winthrop Cemetery Winthrop, Mass. (City or Town)

DATE OF BURIAL April 18, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 21 1960 Charles A. Mackie (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 HUSBAND of Mary Cohen (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 4 Months 6 Days If under 24 hours Hours Minutes

13 Usual Occupation: retired sales Mgr. (Kind of work done during most of working life)

14 Industry or Business: Met. Life Ins. Co.

15 Social Security No. 013-03-6302

16 BIRTHPLACE (City) New York (State or country) New York

17 NAME OF FATHER Bernstein

18 BIRTHPLACE OF FATHER (City) Russia? (State or country) unable to obtain

19 MAIDEN NAME OF MOTHER " " "

20 BIRTHPLACE OF MOTHER (City) " " " (State or country) Russia

Informant Alan R. West (Address) 63 Egmont St. Brookline

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)

7739 04-18-60 (Official Designation) (Date of Issue of Permit)

FORM R-301A

INSTRUCTIONS FOR LOCAL CERTIFICATE

In giving CASE OF DEATH

do not enter more than one cause for each (a), (b) and (c)

does not mean mode of dying, as heart failure, pneumonia, etc. It means disease, or complication, which caused

conditions, if any, which gave rise to the cause (a), being the underlying cause last.

conditions contributing to death but not to the terminal condition given

Chapter 137, 1954, requires persons to print or type the cause or mode of death on certificates, and Acts of 1948, 1949, requires Physician to print or type under signature.

14 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JUL 10 1900 AM

The Commonwealth of Massachusetts

OUT - OF - TOWN

151

Suffolk

(County)

Boston

(City or Town)



JOSEPH D. WARD
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. 01208

Child rens Hospital 300 Longwood Av., Boston St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Quigley, Joseph P.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 2 Undine Av., 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 years months 9 days.

Hospital

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 16 60
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 9, 19 60 to April 16, 19 60
I last saw him alive on April 16, 19 60, death is said to
have occurred on the date stated above, at 1:25 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Convulsions

Due To CNS DAMAGE

(b)

8D

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) R. W. Jones, Sanitar, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) Date 19

6 CAMBRIDGE CAMBRIDGE
Place of Burial or Cremation (City or Town)

DATE OF BURIAL APRIL 18 19 60

7 NAME OF FUNERAL DIRECTOR Daniel F. O'Brien
ADDRESS CAMBRIDGE MASS

Received and filed APR 20 1960

Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED WIDOWED SINGLED
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 9 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) MEDFORD
(State or country)

17 NAME OF FATHER Joseph Quigley

18 BIRTHPLACE OF FATHER (City) New Bedford
(State or country)

19 MAIDEN NAME OF MOTHER Shirley Thorpe

20 BIRTHPLACE OF MOTHER (City) CAMBRIDGE
(State or country)

21 Informant Joseph Quigley
(Address) 2 UNDINE 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 13920 (Official Designation) 4/17/60 (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
L CERTIFICATE

in giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
ise, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
to the terminal
condition given

Chapter 137,
954, requires
ns to print or
e cause or
of death on
ificates, and
e 48, Acts of
quires Physi-
print or type
ler signature.

14 1960

M-59-925686

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

JUL 14 1886

RM R-301A
3.-THIS IS A
ANENT RECORD.
Use only
APPROVED
ink or black
writer ribbon.
INSTRUCTIONS
FOR
L CERTIFICATE
giving
OF DEATH
not enter
than one
for each
(b) and (c)
does not mean
of dying,
heart failure,
etc. It means
disease, or compli-
which caused
ons, if any,
gave rise to
cause (a),
in the under-
cause last.
ditions contrib-
death but not
to the terminal
condition given
m.s.
Chapter 137,
1954, requires
to print or
to cause or
of death on
ificates.
CAP. 46, § 9 &
CAP. 114, § 45,
CAP. 38 § 6.)
Director:
use only
LCK Ink.
14 1960

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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 014329

MASSACHUSETTS GENERAL HOSPITAL
No. _____
(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)
2 FULL NAME Andrew Koutrouba
(If deceased is a married, widowed or divorced woman, give also maiden name.)
61 Wilshire Winthrop, Mass.
(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death _____ years _____ months _____ days. In place of residence 36 years _____ months _____ days.

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

MEDICAL CERTIFICATE OF DEATH
3 DATE OF DEATH April 20 1960
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from
April 20, 19 60 to April 20, 19 60
We last saw him live on April 20, 19 60, death is said to

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 MARIE FONTAINE
(Give maiden name of wife in full)

have occurred on the date stated above, at _____ m.
DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Coronary heart disease

INTERVAL
BETWEEN
ONSET AND
DEATH
8 yrs

Due To
(b) _____
Due To
(c) _____

(or) WIFE of _____
(Husband's name in full)
11 IF STILLBORN, enter that fact here.

12 AGE 60 Years _____ Months _____ Days If under 24 hours
_____ Hours _____ Minutes

13 Usual Occupation: GEN.
(Kind of work done during most of working life)

14 Industry or Business: CONTRACTOR

15 Social Security No. 020-30-5472

16 BIRTHPLACE (City) GREECE
(State or country)

17 NAME OF FATHER ANGELO KOUTROUBA

18 BIRTHPLACE OF FATHER (City) GREECE
(State or country)

19 MAIDEN NAME OF MOTHER MARIGO CARACASES

20 BIRTHPLACE OF MOTHER (City) GREECE
(State or country)

OTHER SIGNIFICANT CONDITIONS Pulmonary edema and congestion 1/2 hr.
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. M. D.
(Address) Asst Dir., Mass. Gen'l Hosp. Date 4/21/19 60

6 WINTHROP CEM. WINTHROP, MASS
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 23 19 60

7 NAME OF FUNERAL DIRECTOR J. H. HARTON
ADDRESS 1642 Commonwealth Ave Boston

Received and filed. APR 26 1960
Charles H. Mackin Registrar

21 Informant BESSIE KORITSAS
(Address) 66 WILSHIRE ST WINTHROP, MASS

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
7812 4-22-60

(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JUL 1 1880

The Commonwealth of Massachusetts

OUT - OF - TOWN

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

153

011448

SUFFOLK

(County)

Brighton

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.

No. St Elizabeth Hospital (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Catherine Toomey (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. 874 Shirley St St. Winthrop, MASS
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death.....years.....months 38 days. In place of residence 15 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 20, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
3-13, 1960 to 4-20, 1960I last saw her alive on 4-20, 1960, death is said to
have occurred on the date stated above, at 8:20 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) LYMPHOMA of StomachINTERVAL
BETWEEN
ONSET AND
DEATH
2+ mos.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) Philip E. McCarthy, M. D.
Philip E. McCarthy, MD
(PRINT OR TYPE SIGNATURE)(Address) St. Elizabeth Hosp. Date 4-20, 19606 Holy Cross Malden
Place of Burial or Cremation (City or Town)DATE OF BURIAL 4-22-19607 NAME OF FUNERAL DIRECTOR Daniel F. O'Brien
ADDRESS 907 Mass Ave, CambridgeReceived and filed APR 26 1960Charles A. MacKee (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph F. Toomey
(Husband's name in full)11 IF STILLBORN, enter that fact here.
12 AGE 45 Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation: 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) MASS17 NAME OF FATHER Bernard Harte18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland19 MAIDEN NAME OF MOTHER MARY Convey20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant Joseph Toomey
(Address) 874 Shirley St - WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Jacqueline Convey
(Signature of Agent of Board of Health or other)2811 4-23-60
(Official Designation) (Date of Issue of Permit)

RM R-301A

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)does not mean
mode of dying,
as heart failure,
etc. It means
cause, or compli-
cation, which causedconditions, if any,
which gave rise to
the cause (a),
the cause last.Conditions contrib-
ing to death but not
leading to the terminal
condition givenChapter 137,
1954, requires
physicians to print or
type the cause or
mode of death on
certificates, and
Act 48, Acts of
1954, requires Physi-
cians to print or type
their signature.

U. 14 1960

11-59-926662

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JUL 14 1887

MR-301A

-THIS IS A
NENT RECORD.
se only

APPROVED

ink or black
riter ribbon.

INSTRUCTIONS
FOR
AL CERTIFICATE

giving
OF DEATH

not enter
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for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
cause, or compli-
which caused

ons, if any,
gave rise to
cause (a),
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cause last.

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death but not
the terminal
condition given

Chapter 137,
1954, requires
to print or
e cause or
of death on
ificates.

CAP. 46, §§ 9 &

CAP. 114 §§ 45,

MAR 28 1960

nil Director:

ce use only
BACK ink.

O-55-92366

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.

(If death occurred in a hospital of institution,
St. (give its NAME instead of street and number)

Registered No. 4524

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) *NO*

2 FULL NAME Katherine Grendell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 50 Moore
(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 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 25, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from
April 24, 1960 to April 25, 1960.

last saw h. arrive on April 25, 1960 death is said to
have occurred on the date stated above, at 8:15 AM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Intra cerebral
hemorrhage

Due To Hypertension
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles L. Cloy, M.D.

(Address) Ass't Dir., Mass. Gen'l Hosp. Date 4/25/1960

6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL APRIL 28 1960

7 NAME OF
FUNERAL DIRECTOR MAURICE W NIBBY

ADDRESS WINTHROP

Received and filed APR 28 1960

Charles H. 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 JOSEPH A GRENDELL
(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: HOME MAKER
(Kind of work done during most of working life)

14 Industry or Business: HOME

15 Social Security No. NOT KNOWN

16 BIRTHPLACE (City) BOSTON
(State or country) MASS

17 NAME OF FATHER IGNATIUS GOODE

18 BIRTHPLACE OF FATHER (City) BOSTON
(State or country) MASS

19 MAIDEN NAME OF MOTHER KATHERINE HERBERT

20 BIRTHPLACE OF MOTHER (City) INHALES
(State or country)

21 Informant MRS DOROTHY MCDONNELL
(Address) 50 MOORE 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) 4-26-60

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JUL 2 1892

The Commonwealth of Massachusetts

OUT - OF - TOWN
155

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. 01610

PLACE OF DEATH

SUFFOLK
~~MASSACHUSETTS~~
(County)
DORCHESTER
(City or Town)



No. CARNEY HOSPITAL

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME FRANCIS X. Hurley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran, WW 11
(if so specify WAR)

(a) Residence. No. 137 Court Road
(Usual place of abode)

St. WINTHROP, MASS
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

In giving
DATE OF DEATH

Do not enter
more than one
cause for each
(a), (b) and (c)

Does not mean
mode of dying,
heart failure,
etc. It means
cause, or com-
bination of causes

Conditions, if any,
which gave rise to
the cause (a),
being the under-
lying cause last.

Conditions contrib-
uting to death but not
leading to the terminal
cause given

Chapter 137,
1954, requires
physicians to print or
write the cause or
causes of death on
certificates, and
Chapter 48, Acts of
1954, requires Physi-
cians to print or type
their signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 26 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Apr. 18, 1960, to Apr. 26, 1960
I last saw him alive on Apr. 26, 1960, death is said to
have occurred on the date stated above, at 7:50 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Subarachnoid Hemorrhage

Due To (b) Congenital Aneurysm
Cerebral Artery

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes - limited to head
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Guadalupe B. Mejia, M. D.
Guadalupe B. Mejia
(PRINT OR TYPE SIGNATURE)
(Address) CARNEY Hosp. Date Apr. 26, 1960

6 St. Joseph's W. Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 29 1960

7 NAME OF FUNERAL DIRECTOR The McDonald Funeral Home
ADDRESS 461 Commonwealth Ave., Boston

Received and filed MAY 2 1960
Maries M. Mackay (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 Patricia A. Cronin
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 32 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Agent
(Kind of work done during most of working life)

14 Industry or Business: American Airlines

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country)

17 NAME OF FATHER Daniel Hurley

18 BIRTHPLACE OF FATHER (City) Boston
(State or country)

19 MAIDEN NAME OF MOTHER Eileen M. Hurley

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

21 Informant Mrs. Eileen M. Hurley
(Address) 12 Pierview Ave., Beachmont

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
E. W. Callahan J. F. A.
(Signature of Agent of Board of Health or other)
E 14178 4-28-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JUL 1900

The Commonwealth of Massachusetts

JOSEPH D. WARD

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. 11851

No. Mass Memorial Hospital St. (If death occurred in a hospital or institution,
{ give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so, specify WAR)2 FULL NAME Baby boy Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 51 Pearl Ave St. Wentworth Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 27 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h..... alive on 19....., death is said to
have occurred on the date stated above, at 4:15A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Erythroblastosis FetalisINTERVAL
BETWEEN
ONSET AND
DEATHDue To Prematurity
(b)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?
If so, specify(Signed) Phillip Smith, M.D.PHILLIP SMITH, M.D.
(PRINT OR TYPE SIGNATURE)(Address) Mass Mem. Hosp. Date 4/27 19606 Wentworth Wentworth
Place of Burial or Cremation (City or Town)DATE OF BURIAL 4/30 19 607 NAME OF FUNERAL DIRECTOR Ernest PlaganoADDRESS 1471 Wentworth St. WentworthReceived and filed MAY 3 1960 19.....Charles A. Mackie
(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..... Years..... Months..... Days If under 24 hours
..... Hours 47 Minutes13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston MASS
(State or country)17 NAME OF FATHER Alvin Davis18 BIRTHPLACE OF FATHER (City) Chelsea
(State or country) Mass19 MAIDEN NAME OF MOTHER Eleanora Cadigan20 BIRTHPLACE OF MOTHER (City) Wentworth
(State or country) Mass21 Informant (Address) Alvin Davis
51 Pearl Ave WentworthI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Charles A. Mackie 4/27/60
(Signature of Agent of Board of Health or other)(Official Designation) April 30 1960
(Date of Issue of Permit)

RM R-301A

INSTRUCTIONS
FOR
DEATH CERTIFICATEIn giving
OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)which does not mean
mode of dying,
as heart failure,
etc. It means
cause, or compli-
cation which causedconditions, if any,
which gave rise to
the cause (a),
along the under-
lying cause last.Conditions contrib-
ing to death but not
leading to the terminal
condition givenChapter 137,
(1954), requires
agents to print or
the cause or
of death on
certificates, and
pt 48, Acts of
requires Physi-
cians to print or type
their signature.

L. 14 1960

11-59-926662

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JUL 11 1900

OUT - OF - TOWN

1 R-301A

- THIS IS A
- NENT RECORD.
- only

APPROVED

ink or black
riter ribbon.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

o enter
than one
u for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which caused

ns, if any,
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cause (a),
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ause last.

ons contrib-
death but not
the terminal
ndition given

Chapter 137,
of 1954, requires
to print or
t cause of
death on
ificates.

CHP. 46, § 9 &
CHP. 114 § 45,
CAP. 38B.6.)

Director:
use only
LCK Ink.

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. 11768

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 Mabel E. 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. 364 Winthrop Street St. Winthrop, Massachusetts
(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 4 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 26, 1960, to May 4, 1960
I last saw her alive on May 4, 1960 death is said to
have occurred on the date stated above, at 8:10 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCTION

INTERVAL
BETWEEN
ONSET AND
DEATH

5 days

Due To (b) CORONARY THROMBOSIS

5 days

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS CARCINOMA OF GALL BLADDER

unknown

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 May 4 1960

6 FOREST HILLS BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 4, 1960

7 NAME OF FUNERAL DIRECTOR ALBERT E SULLIVAN
ADDRESS 45 EAST WATER ST BOSTON

Received and filed MAY 5 1960

(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 HAROLD B 13 LEWIS
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 3 Months 4 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: HOUSE

15 Social Security No. HOUSE

16 BIRTHPLACE (City) BOSTON
(State or country) MASS

17 NAME OF FATHER GEORGE TYLER

18 BIRTHPLACE OF FATHER (City) ENGLAND
(State or country)

19 MAIDEN NAME OF MOTHER SHIRLEY JOHNSTON

20 BIRTHPLACE OF MOTHER (City) IRELAND
(State or country)

21 Informant MRS. LINCOLN BATES MISS
(Address) PUDDINGHILL LANE MARSFIELD

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Jacqueline Casey
(Signature of Agent of Board of Health or other)

7989 5-4-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JUL 1 1900

-THIS IS A
MENT RECORD
e only

APPROVED

up or black
riter ribbon.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

o enter.
than one
for each
(b) and (c)

is loss not mean
of dying,
heart failure,
etc. It means
cause, or compli-
which caused

ings, if any,
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ng the under-
ause last.

ions contrib-
eath but not
the terminal
dition given

e: Chapter 137,
of 1954, requires
els to print or
t cause or
s death on
ificates.

CH.P. 46, §§ 9 &
CH.P. 114 §§ 45,
CAP. 38 § 6.)

ro Director:
s use only
AK Ink.

14 1960
14-301A

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

Massachusetts General Hospital PHILLIPS HOUSE
No.

2 FULL NAME Mrs. Elizabeth Bridgeman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 916 Shirley Street St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 5 years 5 months 5 days. In place of residence 9 years 5 months 5 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 7 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That Mr attended deceased from
May 2, 1960 to May 7, 1960

Mr last saw h alive on May 7, 1960, death is said to

have occurred on the date stated above, at 11:40 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Gastro-intestinal hemorrhage

Due To Bladder Ulcer

Due To Meticorten

OTHER SIGNIFICANT CONDITIONS
Carcinoma of Breast
Perforated sigmoid diverticulum

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'l Hosp. Date May 7, 1960

Forest Dale Cemetery Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 11, 1960

7 NAME OF FUNERAL DIRECTOR Charles E. D. Margeson Jr.
ADDRESS 839 Main St., Malden, Mass.

Received and filed MAY 11 1960

Charles A. Zuckerman



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. 019052

{ (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 Married

10a If married, widowed, or divorced

HUSBAND of William V. Bridgeman
(Give maiden name of wife in full)

(or) WIFE of William V. Bridgeman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 1 Months 19 Days
If under 24 hours
Hours Minutes

13 Usual Occupation: house wife -
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. Metrose, Mass.

16 BIRTHPLACE (City) Metrose, Mass.
(State or country)

17 NAME OF FATHER Charles Parker

18 BIRTHPLACE OF FATHER (City) Malden, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Charlott Goodwin

20 BIRTHPLACE OF MOTHER (City) cannot be learned
(State or country)

21 Informant William V. Bridgeman
(Address) 916 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:

W. A. Emerson
(Signature of Agent of Board of Health or other)

8024 5-9-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JUL 11 1880

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

159

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 05312

No. BETH ISRAEL HOSPITAL

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME SARAH ZELICKMAN

(If deceased 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. 49 Shirley 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.....22 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 18, 1960
(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 thrombosis; Hypertensive and
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 A. Luongo, M.D. 5/18 60

(Address) Date 19.....

7 Tifereth Israel, Everett

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL May 19, 1960

8 NAME OF FUNERAL DIRECTOR Arnold Golov

ADDRESS 1668 Beacon St., Brookline

Received and filed MAY 23 1960

Charles A. Zuckerman

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Barnett Zelikman
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 83 Years.....Months.....Days If under 24 hours
.....Hours.....Minutes

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: At Home

16 Social Security No. None

17 BIRTHPLACE (City) Russia
(State or country)

18 NAME OF FATHER Samuel Ginsburg

19 BIRTHPLACE OF FATHER (City) Russia
(State or country)

20 MAIDEN NAME OF MOTHER Unknown

21 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

22 Informant Anna Zelikman
(Address) 49 Shirley Street, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Shoemaker (Agent of Board of Health or, other)
81996 5-17-60

(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. 59, Section 10, requires physicians to insert a recital to that effect.

25M-8-57-920750

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JUL 14 1900

MARGIN RESERVE FOR BINDING - THIS IS A PERMANENT RECORD

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 at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-8-56-918227

1 PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Cambridge (City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 1023

No. Guardian Hospital, 85 Otis St., Cambridge (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marlon Monti
(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. 80 Ingleside Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 16 years. 16 months. 16 days. In place of residence. 50 years. 50 months. 50 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 1 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 15, 1960, to June 30, 1960
I last saw him alive on June 30, 1960, death is said to have occurred on the date stated above, at 8:25 am

INTERVAL
BETWEEN
ONSET AND
DEATH

4 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Astrocytoma Gr. IV

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? No
If so, specify

(Signed) Francis E. Smith, M. D.

(Address) 85 Otis St., Cambridge 7/1/ 1960

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 5 1960

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass.

Received and filed July 5 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 Widow

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Anthony L. Monti (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years. Months. Days If under 24 hours Hours. Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER William Mulloy

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Adelaide Crandall

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

21 Informant Josephine Dobson (Address) 2 Edgar Terrace, Winthrop, Mass.

A TRUE COPY Frederick H. Burke

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 5 1960

RECEIVED



AUG 2 1960 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. 161

PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No.

Mayflower Nursing Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME

Munger de Christoforo

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

31 Brooks

St.

East Boston, Massachusetts

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years 3 months 23 days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 4 1966
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

June 1, 1966, to July 1, 1966

I last saw him alive on July 1, 1966, death is said to

have occurred on the date stated above, at 5:00 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Esophagus

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To

(b) Metastases to Liver

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Coronary Arteriosclerosis

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Rose F. HALLINAN

M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 420 Pleasant St. Winthrop Date July 4 1966

6

Place of Burial or Cremation

DATE OF BURIAL July 7 1966

7 NAME OF

FUNERAL DIRECTOR

ADDRESS 224 North St. Boston Mass

Received and filed

July 6 1966

(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 Antonia Pateia

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 75 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Farmer (Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No. 011-18-0531

16 BIRTHPLACE (City)

Italy

(State or country)

17 NAME OF FATHER

Giuseppe Christoforo

18 BIRTHPLACE OF FATHER (City)

Italy

(State or country)

19 MAIDEN NAME OF MOTHER

Filomena (unknown)

20 BIRTHPLACE OF MOTHER (City)

Italy

(State or country)

21

Informant

(Address)

John de Christoforo (son)
420 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:

(Signature of Agent of Board of Health or other)

Health Officer 7/7/66

(Official Designation)

(Date of Issue of Permit)

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19, requires
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Acts of
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put or type
signature.

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....

JUL - 6 1960 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 STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

162

STANDARD CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

SUFFOLK
(County)

WINTHROP
(City or Town)

No. 69 COTTAGE PARK RD

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME NATHALIE M. (SURETTE) PORTER
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
{(Was deceased a
U. S. War Veteran,
(if so specify WAR) NC

(a) Residence. No. 69 COTTAGE PARK RD. St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 33 years months days In place of residence 33 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 7 5 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
7/5, 1955, to 7/4, 1960
I last saw him alive on 7/4, 1960, death is said to
have occurred on the date stated above, at 12.30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-SCLEROTIC
HEART DISEASE

INTERVAL
BETWEEN
ONSET AND
DEATH
1 day

Due To (b) BRONCHIO-PNEUMONIA 2 days

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? No
If so, specify

(Signed) Fred O'Regan M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 113 Pleasant St Date 7/6 1960

6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JULY 8 1960

7 NAME OF FUNERAL DIRECTOR MAURILE N. KIRBY
ADDRESS WINTHROP

Received and filed 7-8-60 19

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
FEMALE WHITE MARRIED
or WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of ROBERT PORTER
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: HOME
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. NONE

16 BIRTHPLACE (City) WEDGEPORT N.S.
(State or country)

17 NAME OF FATHER PETER SURETTE

18 BIRTHPLACE OF FATHER (City) WEDGEPORT N.S.
(State or country)

19 MAIDEN NAME OF MOTHER ROSALIE LABLANC

20 BIRTHPLACE OF MOTHER (City) WEDGEPORT N.C.
(State or country)

21 Informant (Address) MR. ROSE LABLANC
69 COTTAGE PARK RD. WINTHROP.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 7/8/60

(Registrar)

R-301A

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1-9-925686

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.

JUL - 8 1930

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. 163

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 509 Pleasant

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Hilda I. (Blomquist) Phelan
(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. 509 Pleasant
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 35 years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 8 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19.I last saw him alive on 19 death is said to
have occurred on the date stated above, at 1:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATHDue To Presumably Coronary
(b) Occlusion

Sudden

Due To Arteriosclerotic Heart
(c) DiseaseOTHER
SIGNIFICANT
CONDITIONS

None

Was autopsy performed? no
What test confirmed diagnosis? post mortem judgement5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signature) Arthur C. Murray M. D.

Arthur C. Murray M. D.
(PRINT OR TYPE SIGNATURE)Winthrop Board of Health 9 July 1960
(Address) (Date)6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 11 1960

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 1801 Winthrop St. Winthrop

Received and filed JUL 11 1960 19

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Lloyd A Phelan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 8 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Amherst
(State or country) Nova Scotia17 NAME OF FATHER ANDERS GUSTAF A
18 BIRTHPLACE OF FATHER BLOMQUIST
(City) SWEDEN
(State or country)19 MAIDEN NAME SMITHELL
OF MOTHER ANNIE BALLISON20 BIRTHPLACE OF MOTHER AMHERST, NOVA SCOTIA
(City) (State or country)21 Informant Lloyd A Phelan
(Address) 509 Pleasant St. 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)Health Officer 7/9/60
(Official Designation) (Date of Issue of Permit)

R-301A

CTIONS
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quires Physi-
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nd signature.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RULES OF PRACTICE

JUL 11 1960 11

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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.

R-301A

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No.

WINTHROP CONVALESCENT HOME
PLEASANT ST.STANDARD
CERTIFICATE OF DEATH

Registered No. 164

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME—JULIA A (SULLIVAN) WRIGHT
(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. 241 WASHINGTON AVE.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death ~~30~~ years..... months 7 days. In place of residence, 30 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 14 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
June, 1960, to July 14, 1960I last saw her alive on July 13, 1960, death is said to
have occurred on the date stated above, at 5:40 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart
DiseaseDue To (b) arteriosclerosis
generalized

Due To (c) Senility

INTERVAL
BETWEEN
ONSET AND
DEATH

40

40

40

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 D. Ward, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 194 Washington Ave Date 7-15-60

6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JULY 16 1960

7 NAME OF FUNERAL DIRECTOR MAURICE W. MIRBY
ADDRESS WINTHROP

Received and filed JUL 18 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR ~~White~~ 12 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of FREDERICK WRIGHT
(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: HOME
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. NONE

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Patrick Sullivan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Meara

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant John Gallagher
(Address) 241 Washington AveI 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)HO (Official Designation) July 16, 1960
(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.

JUL 18 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.STANDARD
CERTIFICATE OF DEATHRegistered No. **165**

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)

PHYSICIAN — IMPORTANT

2 FULL NAME **Edward O. Arnold**

(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. **188 Bellingham Avenue**
(Usual place of abode)St. **Revere**
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months.....days. In place of residence **27** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 15, 1960**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 18, 1960 to **July 15, 1960**I last saw him alive on **July 14, 1960** 19....., death is said to
have occurred on the date stated above, at **3.00 A.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Cerebral Thrombosis**INTERVAL
BETWEEN
ONSET AND
DEATH
1 dayDue To **Arteriosclerosis**(b) **Many years**Due To
(c)OTHER SIGNIFICANT **Partial Paralysis left Side**
CONDITIONS **Many Years**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) **John F. Collins, M.D.****John F. Collins, M.D.**
(PRINT OR TYPE SIGNATURE)(Address) **Revere, Mass.** Date **July 15, 1960**6 **Woodlawn** **Everett**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **July 18, 1960** 19.....7 NAME OF FUNERAL DIRECTOR **Arthur S. Porcella**ADDRESS **876 Winthrop Ave., Revere, Mass.**Received and filed **JUL 18 1960** 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED **Married**

10a If married, widowed or divorced

HUSBAND of **Grace 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 **79** Years **4** Months **29** Days
If under 24 hours
.....Hours.....Minutes

13 Usual

Occupation: **Retired-U.S. Immigration Clerk**
(Kind of work done during most of working life)

14 Industry

or Business: **U.S. Gov.**15 Social Security No. **none**

16 BIRTHPLACE (City)

Providence
(State or country) **Rhode Island**

17 NAME OF

FATHER **Ezra O. Arnold**

18 BIRTHPLACE OF

FATHER (City) **Attleboro**(State or country) **Mass.**

19 MAIDEN NAME

OF MOTHER **Belvidere Reynolds**

20 BIRTHPLACE OF

MOTHER (City) **Attleboro**(State or country) **Mass.**

21

Informant **Mrs. Grace Arnold**
(Address) **188 Bellingham Ave., Revere, Mass.**I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:**John F. Collins, M.D.**
(Signature of Agent of Board of Health or other)
Health Officer **7/18/60**
(Official Designation) (Date of Issue of Permit)

R-301A

CTIONS
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L CERTIFICATEiving
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1-6-925686

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.

JUL 1 3 1960 AM

CTIONS
OR
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14, requires
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the cause or
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certificates.

50M-1-58-921876

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No.

The Commonwealth of Massachusetts



EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

166

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME Helen A (Paisley) Poole
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 53 Bellevue Ave.
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 10 years 30 months 30 days. In place of residence 10 years 30 months 30 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 16 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 2, 1953 to JULY 16, 1960
I last saw her alive on JULY 16, 1960, death is said to
have occurred on the date stated above, at 8:30 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY INFARCTION RT.
UPPER LOBE - MASSIVE

Due To POST OPERATIVE ADHESIONS
(b) WITH SMALL BOWEL OBSTRUCTION

5 DAYS

Due To ADENOCARCINOMA OF LEFT
(c) OVARY

3 1/2 mo.

OTHER
SIGNIFICANT
CONDITIONS NONE

Was autopsy performed? YES

What test confirmed diagnosis? PATHOLOGICAL

5 Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Myron D. King, M. D.

(Address) 22 PLEASANT ST. WINTHROP Date 7/17 1960

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 19 19 60

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop, Mass

Received and filed JUL 18 1960 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

Clarence A Poole

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 49 Years 4 Months 20 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Record Clerk
(Kind of work done during most of working life)

14 Industry or Business: Hospital

15 Social Security No. 012-20-1665

16 BIRTHPLACE (City) Malden
(State or country) Mass

17 NAME OF FATHER Charles H Paisley

18 BIRTHPLACE OF FATHER (City) New Brunswick
(State or country)

19 MAIDEN NAME OF MOTHER Sadie Foster

20 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass

21 Informant Beverly Reardon
(Address) 53 Bellevue 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:

Hal C. Siskauskas
(Signature of Agent of Board of Health for other)

Health Officer 7/18/60
(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

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. 167

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. Alban C Baker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 77 Read St
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 1 years. 1 months. 1 days. In place of residence. 58 years. 1 months. 1 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 17 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JULY 17 1960, to JULY 17 1960
I last saw him alive on JULY 17 1960, death is said to
have occurred on the date stated above, at 11:05 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO PNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH
5 DAYS

Due To CARDIAC FAILURE

(b)

1 MO.

Due To ARTERIO SCLEROTIC HEART

(c)

5 YRS

OTHER SIGNIFICANT CONDITIONS
HYPERTENSION BENIGN

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 H. Baker, M. D.

CHARLES H. BAKER
(PRINT OR TYPE SIGNATURE)

(Address) 342 HANOVER ST BOSTON 7/17/1960

Winthrop Winthrop

Place of Burial or Cremation

DATE OF BURIAL July 20 1960

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass

Received and filed John A. Gears 19

JUL 18 1960

(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 Catherine Mattocks
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 Years 4 Months 13 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Carpenter
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. None

16 BIRTHPLACE (City) Prince Edward Island
(State or country)

17 NAME OF FATHER Benjamin Baker

18 BIRTHPLACE OF FATHER (City) Prince Edward Island
(State or country)

19 MAIDEN NAME OF MOTHER Charlott ROSE

20 BIRTHPLACE OF MOTHER (City) Prince Edward Island
(State or country)21 Informant: Caroline Baker
(Address) 77 Read 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:H. C. Baker
(Signature of Agent of Board of Health or other)Health Officer 7/18/60
(Official Designation) (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHdo not enter
more than one
cause for each
(a) (b) and (c)does not mean
of dying,
heart failure,
etc. It means
cause, or compli-
which causedconditions, if any,
gave rise to
cause (a),
the under-
lying cause last.Conditions contrib-
death but not
the terminal
condition givenChapter 137,
of 1954, requires
to print or
cause or
if death on
ificates, and
te 48, Acts of
quires Physi-
or type
signature.

00-59-925686

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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.

168

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

Douglas Atkinson

(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)

Winthrop Convalescent Home

(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
DEATHJuly 24 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1950, to July 24, 1960I last saw him alive on July 23, 1960, death is said to
have occurred on the date stated above, at 8:04 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia
(terminal)INTERVAL
BETWEEN
ONSET AND
DEATH

24 hrs

Due To

(b) Myocardial Heart
Disease

yrs

Due To

(c) arteriosclerosis gen.

yrs

OTHER
SIGNIFICANT
CONDITIONS

Parkinson's Disease

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 Gregoire, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 194 Washington St. Date 7-24 1960

6 Woodlawn Cemetery, Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 27, 1960

7 NAME OF

FUNERAL DIRECTOR

Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed

JUL 26 1960

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)

MARRIED divorced
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Julia T. Miller

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 73 Years 1 Months 22 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

RETIRED

(Kind of work done during most of working life)

14 Industry

or Business:

at home

15 Social Security No.

030-01-3561a

16 BIRTHPLACE (City)

(State or country)

New Brunswick

Canada

17 NAME OF

FATHER

Talbert Atkinson

18 BIRTHPLACE OF

FATHER (City)

Sackville, N.B.

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER

Laura Chapman

20 BIRTHPLACE OF

MOTHER (City)

Sackville, N.B.

(State or country)

Canada

21

Informant

(Address)

Leonard C. Atkinson

Springfield, 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)

M B-301A

INSTRUCTIONS
FOR
C CERTIFICATEgiving
S OF DEATHnot enter
more than one
cause for each
a (b) and (c)does not mean
cause of dying,
a heart failure,
etc. It means
cause, or compli-
cation, which causedms, if any,
have rise to
cause (a),
in the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
154, requires
to print or
cause or
if death on
ificates, and
148, Acts of
quires Physi-
ort or type
signature.

M 59-925686

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

RULES OF PRACTICE

JUL 28 1919

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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
DEATH CERTIFICATEn giving
OF DEATHnot enter
more than one
cause for each
(a), (b) and (c)does not mean
of dying,
heart failure,
etc. It means
disease, or compli-
on which causedomions, if any,
h, gave rise to
not cause (a),
the under-
in cause last.ditions contrib-
death but not
eo the terminal
condition givenChapter 137,
1954, requires
to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

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. 162

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

100 Almont St.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hymen Doodlesack

(If deceased 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. 17 Cutler St.

(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....2 months.....days. In place of residence.....5 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 27 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

Oct. 10, 1954, to July 27, 1960.

I last saw him alive on July 26, 1960, death is said to have occurred on the date stated above, at 9:35 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

6 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Artery Heart Disease

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Subacute Bacterial Endocarditis

2 mos.

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.

Charles Liberman

238 (PRINT OR TYPE SIGNATURE)

(Address) Winthrop Date 7/27 1960

6 American Friendship West Roxbury

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 29 1960

7 NAME OF FUNERAL DIRECTOR Paul R. Levine

ADDRESS 170 Harvard St., Brookline

Received and filed JUL 28 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED

10a If married, widowed, or divorced Ida S. Blotnick HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Retired (Kind of work done during most of working life)

14 Industry or Business Building contractor

15 Social Security No.

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Schmeier Gold (name changed by law)

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER Rachael (unknown)

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant Louis Aronson (Address) 100 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)

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.

JUL 11 1950 14

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.

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 120

No. 39 SAGAMORE AVE

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME HARRY KRENTZMAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If deceased a
U. S. War Veteran,
(if so specify WAR) NO

(a) Residence. No. 39 SAGAMORE AVE.

(Usual place of abode)

St. WINTROP

(If nonresident, give city or town and State)

Length of stay: In place of death years 5 months days. In place of residence years 5 months days.

INSTRUCTIONS
FOR
CERTIFICATEI giving
OF DEATHto enter
than one
for each
(b) and (c)es not mean
of dying,
heart failure,
etc. It means
or compli-
which causedins, if any,
have rise to
cause (a),
the under-
cause last.ions contrib-
to death but not
the terminal
condition givenChapter 137,
of 54, requires
to print or
cause or
death on
ificates, and
er-8, Acts of
quires Physi-
or print or type
ur signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 28 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
MARCH 1957 to July 25 1960I last saw him alive on July 25 1960, death is said to
have occurred on the date stated above, at 6:30 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC HEART DISEASE

INTERVAL
BETWEEN
ONSET AND
DEATH

15 years

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CHRONIC BRONCHITIS

20 years

Was autopsy performed? NO

What test confirmed diagnosis? EXAMINATION

5 Was disease or injury in any way related to occupation of deceased?

If so, specify NO

(Signed) J. Albert Karp, M. D.

J. ALBERT KARP
(PRINT OR TYPE SIGNATURE)

(Address) 39 SAGAMORE AVE, CHELSEA Date July 28 1960

6 CHELSEA CHEVRA KADISHA - EVERETT
Place of Burial or Cremation (City or town)

DATE OF BURIAL July 29 1960

7 NAME OF FUNERAL DIRECTOR TOPP FUNERAL SERVICE
ADDRESS CHELSEA

Received and filed JUL 28 1960 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 ANNA GREENGLASS
(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: DEALER

(Kind of work done during most of working life)

14 Industry

or Business: COAL

15 Social Security No. NONE

16 BIRTHPLACE (City)

(State or country) RUSSIA

17 NAME OF FATHER

HERSHEL KRENTZMAN

18 BIRTHPLACE OF

FATHER (City)

(State or country) RUSSIA

19 MAIDEN NAME

OF MOTHER

LENA (CBL)

20 BIRTHPLACE OF

MOTHER (City)

(State or country) RUSSIA

21

Informant

(Address)

MRS. BAIZEN

39 SAGAMORE AVE WINTROP

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:J. Albert Karp
(Signature of Agent or Board of Health or other)Health Officer
(Official Designation)7/28/60
(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.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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. 171

PLACE OF DEATH

Suffolk
(County)Wenthrop
(City or Town)

No. 117 Shore Drive

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME

Sarah Bendersky (Swartzberg)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

((Was deceased a
U. S. War Veteran,
(if so specify WAR)

(a) Residence. No.

117 Shore Drive

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years.....months.....days. In place of residence 7 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 29 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
April 3 54, to July 29 60I last saw her live on 7/29 1960, death is said to
have occurred on the date stated above, at 3:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY CARCINOMA
RT UPPER LOBE

Due To (b) METASTASIS TO BRAIN

+ GENERAL METASTASIS

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

GENERAL ARTERIOSCLEROSIS 2 YRS

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL, XRAY, EEG

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Myron N. King M. D.
MYRON N. KING M.D.(Address) 151 Washington Ave Chelsea
Chevre Philia Everett
Date 7/30 19606 Place of Burial or Cremation
DATE OF BURIAL July 31 19607 NAME OF FUNERAL DIRECTOR
ADDRESS 151 Washington Ave Chelsea

Received and filed AUG 1 1960

(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

Rubin Bendersky
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 69 Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual

Occupation: Housewife
(Kind of work done during most of working life)

14 Industry

or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)Bedalie Poland
Bedalie Swartzberg

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)

Nathan J. Phansky
20 Woodbine on NeedhamI HEREBY CERTIFY that a satisfactory standard 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

INSTRUCTIONS
FOR
A CERTIFICATEGiving
OF DEATHnot enter
than one
for each
b) and (c)es not mean
of dying,
near failure,
a, i.e. It means
or compli-
which causedis, if any,
he rise to
ause (a),
g he under-
use last.ions contrib-
death but not
the terminal
dition givenChapter 137,
54, requires
to print or
th cause or
death on
ificates, and
r 8, Acts of
ires Physi-
oint or type
signature.

14-925686

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.

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

PLACE OF DEATH

1

Middlesex

(County)

Malden

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Malden

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 172

No. **Edna Brawn Nursing Home** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Julia Lynch (Hennesy)** (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. **210 Winthrop** St. **Winthrop** (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **1** years.....months.....days. In place of residence **10** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 31, 1960**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **June 23, 59** to **July 31, 60**
I last saw him alive on **July 31, 1960** death is said to have occurred on the date stated above, at **8:15A** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH

4-5 years 80Due To **Senility**

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **H. Steller**(Address) **577 B'dway Eve. 8/1 60**6 **Winthrop Cem. Winthrop, Mass.**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Aug. 2, 60**7 NAME OF FUNERAL DIRECTOR **Maurice W. Kirby**ADDRESS **210 Winthrop St., Winthrop, Mass.**Received and filed **AUG 3 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) **Marr.**
MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **William J. Lynch**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE **80** Years.....Months.....Days If under 24 hours
Hours.....Minutes

13 Usual Occupation: **housewife**
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. **Gloucester**16 BIRTHPLACE (City) **Mass.**
(State or country)17 NAME OF FATHER **Cornelius Hennesy**18 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)19 MAIDEN NAME OF MOTHER **Ellen Crowley**20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)21 Informant **Marion Lynch Kirby (daughter)**
(Address) **210 Winthrop St., Winthrop, Mass.**

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **Aug. 1, 60**

RECEIVED



SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE AUG 3 1960 AM

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

.....

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.

173

Registered No. 05829

En route to East Boston Relief Station

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH SOMERS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

53 Trident Avenue

Winthrop, Massachusetts

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death, 10 years, 10 months, 4 days. In place of residence, 4 years, 4 months, 4 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 3, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary occlusion.

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

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

(Signature) Michael A. Luongo, M.D.

(Print or Type Signature)

(Address) Boston Date 6/4 1960

7 Abigail Askin Everett
Place of Burial, or Cremation: (City or Town)

DATE OF BURIAL June 5 1960

8 NAME OF FUNERAL DIRECTOR Lou Hyman

ADDRESS 171 No Comm St Lynn

Received and filed JUN 7 1960

Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED
Male white Married

11a If married, widowed or divorced HUSBAND of Rose Baron
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 68 ? ? Months ? Days If under 24 hours Hours Minutes

14 Usual Occupation: Tailor
(Kind of work done during most of working life)

15 Industry or Business: Tailor Shop

16 Social Security No. 011-10-6409

17 BIRTHPLACE (City), Russia
(State or country)

18 NAME OF FATHER Lazer Somers

19 BIRTHPLACE OF FATHER (City), Russia
(State or country)

20 MAIDEN NAME OF MOTHER Sylvia Swartz

21 BIRTHPLACE OF MOTHER (City), Russia
(State or country)

22 Informant: Rose Somers
(Address) 53 Trident Ave

I HEREBY CERTIFY that a satisfactory standard certificate 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 additional information. See also Chap. 36, §§ 6, 20; Chap. 46, §§ 4, 10; Chap. 114, §§ 44-46.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 6 requires physicians to insert a recital to that effect.

35M-11-59-976662

6 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

SEP 6 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

05882

Registered No.

Suffolk

(County)

Boston

(City or Town)

STANDARD
CERTIFICATE OF DEATH

No. Veterans Administration Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME John M. NORRIS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran, WW 2
if so specify WAR)(a) Residence. No. 95 Loring Road
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 4 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 24 1960, to June 4 1960death is said to
have occurred on the date stated above, at 12:40 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) 1. Malignant hypertension

INTERVAL
BETWEEN
ONSET AND
DEATH
2 yrsDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis Clinical & lab. findings

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. SIMMONS, M. D.

H. E. SIMMONS

(PRINT OR TYPE SIGNATURE)

(Address) VA Hospital, Boston, Mass. 6/4/60

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 7 1960

7 NAME OF FUNERAL DIRECTOR Maurice Kirby

ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed JUN 7 1960

Charles H. Mackie

(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 45 Years 6 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: Foreman - Tree Department
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. 012-16-5722

16 BIRTHPLACE (City) Revere
(State or country) Massachusetts

17 NAME OF FATHER John M. Norris

18 BIRTHPLACE OF FATHER (City) Lynn
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Irene Morrison

20 BIRTHPLACE OF MOTHER (City) North Brookfield
(State or country) Massachusetts21 Informant Mrs Irene Norris (Mother)
(Address) 95 Loring Road, Winthrop, Mass.* I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

J. Casey

(Signature of Agent of Board of Health or other)

8430

6-6-60

(Official Designation)

(Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
use, or compli-
which causedions, if any,
gave rise to
cause (a),
in the under-
cause last.ditions contrib-
death but not
do the terminal
condition givenChapter 137,
1954, requires
to print or
cause or
if death on
ificates, and
48, Acts of
quires Physi-
print or type
uer signature.

6 1960

1-59-926662

V.B.

A TRUE COPY ATTEST:

Charles A. Mackie

City Registrar

SEP 16 1960 PM



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

353 175

Registered No.

No. Soldiers' Home Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME William Jacob Woinz

(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. 44 Birch Rd.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death hospital years 1 months 15 days. In place of residence 1 years 1 months 15 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 5, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Apr. 20, 1960, to June 5, 1960

I last saw him on June 5, 1960, death is said to

have occurred on the date stated above, at 12:35p.

INTERVAL
BETWEEN
ONSET AND
DEATH
4 hrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Shock
Chronic congestive heart

Due To failure.

(b) yrs.

Due To Aortic stenosis

(c) yrs.

OTHER SIGNIFICANT CONDITIONS Cirrhosis

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) Lawrence Baker, M. D.

(Address) Soldiers' Home Date June 5, 1960

Winthrop Cem., Winthrop, Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 8, 1960

7 NAME OF FUNERAL DIRECTOR M.W. Kirby

ADDRESS 210 Winthrop St., Winthrop

Received and filed AUG 30 1960

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

Male White MARRIED

10a If married, widowed, or divorced

HUSBAND of Marjorie Ambler

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 69 10 25 If under 24 hours

AGE Years Months Days Hours Minutes

13 Usual Occupation: Bartender

(Kind of work done during most of working life)

14 Industry or Business: cannot be learned

15 Social Security No. " " "

16 BIRTHPLACE (City) Boston, Mass.

(State or country)

17 NAME OF FATHER Francis

18 BIRTHPLACE OF FATHER (City)

Boston, Mass.

(State or country)

19 MAIDEN NAME OF MOTHER Agnes Schuler

20 BIRTHPLACE OF MOTHER (City)

Boston, Mass.

(State or country)

21 Informant Hospital Records

(Address) Soldiers' Home, Chelsea

A TRUE COPY

ATTEST: Joseph A. Tyrrell

(Registrar of City or Town where death occurred)

DATE FILED June 5, 1960

19

110
AUG 30 1919

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE Oct. 4, 1917

DATE OF DISCHARGE June 5, 1919

RANK, RATING Corp.

ORGANIZATION AND OUTFIT Co. B. 326th Inf.

SERVICE NUMBER 1900876

.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

1

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

176

COPY OF

CERTIFICATE OF DEATH

Registered No. 336

No. Soldiers' Home in Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carl I. Nelson (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. 18 Plummer Ave. St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 6 years 9 months 22 days In place of residence 6 years 9 months 22 days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 6, 1960 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 14 19 54 to June 6 19 60

I last saw him on June 6 19 60 death is said to have occurred on the date stated above, at 3:55p.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Massive pulmonary embolism ?

Due To (b) Arteriosclerotic heart

Due To (c) disease ?

OTHER SIGNIFICANT CONDITIONS Cardio-vascular accident ?

Was autopsy performed? no What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James N. Yannios M. D.

(Address) Soldiers' Home Date 6/6/60

6 Winthrop Cem., Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 9, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh Fun. Home 174 Winthrop St., Winthrop, Mass.

ADDRESS

Received and filed AUG 30 1960

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Anna K. Knudson (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 11 Days If under 24 hours Hours Minutes

13 Usual Occupation: Tax Collector (retired) (Kind of work done during most of working life)

14 Industry or Business: Town of Winthrop

15 Social Security No. 262-42-5094

16 BIRTHPLACE (City) West Newton, Mass. (State or country)

17 NAME OF FATHER Gilbert

18 BIRTHPLACE OF FATHER (City) St. Louis, Mo. (State or country)

19 MAIDEN NAME OF MOTHER Margaret McCleane

20 BIRTHPLACE OF MOTHER North River, P.E.I. (City) (State or country)

21 Informant Hospital Records Soldiers' Home, Chelsea, Mass. (Address)

A TRUE COPY

ATTEST: Joseph A. Tyrrell (Registrar of City or Town where death occurred)

DATE FILED June 6, 1960

SPACE FOR ADDITIONAL INFORMATION

AUG 30 1919

DATE OF ENTERING MILITARY SERVICE Dec. 14, 1917

DATE OF DISCHARGE Apr. 18, 1919

RANK, RATING Pfc

ORGANIZATION AND OUTFIT Medical Dept.

SERVICE NUMBER 31 164 527

6 1960

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.

06352

Registered No. 177

No. *Beth Israel Hospital* St. (If death occurred in a hospital or institution,
(If deceased is a married, widowed or divorced woman, give also maiden name.) give its NAME instead of street and number)

2 FULL NAME *Julius N. Peyser* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *26 Nevada 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		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH <i>June 20, 1960</i> (Month) (Day) (Year)	9 SEX <i>MALE</i>	10 COLOR <i>WHITE</i>	11 SINGLE (write the word) <i>MARRIED</i> <i>WIDOWED</i> <i>SINGLE</i>
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.) <i>MULTIPLE TRAUMATIC INJURIES INCLUDING FRACTURES OF SKULL, PELVIS AND LEG; CRUSHING INJURY OF CHEST</i>	11a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
5 Accident, suicide, or homicide (specify) <i>Accident</i> Date and hour of injury <i>6/14 1960</i> IF ACCIDENTAL, was injury causally related to the death? <i>yes</i> Where did injury occur? <i>Boston</i> (City or town and State) Did injury occur in or about home, on farm, in industrial place, or in public place? <i>Public highway</i> (Specify type of place) Manner of injury <i>Pedestrian struck by motor car</i> (How did injury occur?) Nature of injury <i>by motor car</i> While at work? <i>no</i> Was autopsy performed? <i>no</i>	12 IF STILLBORN, enter that fact here.		
6 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....	13 AGE <i>79</i> Years.....Months.....Days..... If under 24 hours Hours.....Minutes		
(Signature) <i>Michael Chung</i> , M. D. (Print or Type Signature)	14 Usual Occupation: <i>SALESMAN (RET.)</i> (Kind of work done during most of working life)		
(Address) <i>Boston</i> Date <i>6/20 1960</i>	15 Industry or Business: <i>DEPARTMENT STORE</i>		
<i>David Viera Chouin (LEGATION) W. ROB.</i> Place of Burial, or Cremation (City or Town)	16 Social Security No. <i>024-03-0200</i>		
DATE OF BURIAL <i>JUNE 22 1960</i>	17 BIRTHPLACE (City) <i>BOSTON</i> (State or country) <i>MASS.</i>		
8 NAME OF FUNERAL DIRECTOR <i>BENNY F. SOLOMON</i>	18 NAME OF FATHER <i>HARRIS PEYSER</i>		
ADDRESS <i>120 HARRARD ST. BROOKLINE</i>	19 BIRTHPLACE OF FATHER (City) <i>POLAND</i> (State or country)		
Received and filed <i>JUN 23 1960</i>	20 MAIDEN NAME OF MOTHER <i>CAROLINE NELSON</i>		
<i>Charles H. Mackie</i> (Registrar)	21 BIRTHPLACE OF MOTHER (City) <i>BOSTON</i> (State or country)		
	22 Informant <i>LESUE N. BROWN</i> (Address) <i>26 NEVADA ST. WINTHROP</i>		
	I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Anna M. Brown</i> (Signature of Agent of Board of Health or other) <i>8650</i> <i>6-21-60</i> (Official Designation) (Date of Issue of Permit)		

40.

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar

SEP 16 1960 AM



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or Town making this return)

350

Registered No.

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 Spires { (Was deceased a U. S. War Veteran, if so specify WAR, (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 34-B Trident Ave. / St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 20, 1960 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Stillborn to June 20, 1960

I last saw him alive on June 20, 1960 death is said to have occurred on the date stated above, at 3:32p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Intrauterine asphxia

Due To (b) Hypaplasia of placenta

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?

(Signed) Walter L. Freedman M. D.

(Address) USNH, Chelsea Date 6/21/60

6 Cambridge Cem., Cambridge, Mass. Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 22, 1960 19.....

7 NAME OF FUNERAL DIRECTOR L.A. Willwerth
179 Highland Ave., Somerville ADDRESS

Received and filed AUG 30 1960 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) Single
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. stillborn

12 AGE Years.....Months.....Days If under 24 hoursHours.....Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Chelsea, Mass. (State or country)

17 NAME OF FATHER William B.

18 BIRTHPLACE OF FATHER (City) Joanna, So. Carolina (State or country)

19 MAIDEN NAME OF MOTHER Mary J. Kellett

20 BIRTHPLACE OF MOTHER (City) South Carolina (State or country)

21 Informant W. Spires (father) (Address) Trident Ave., Winthrop, Mass.

A TRUE COPY ATTEST: Joseph A. Tyrrell (Registrar of City or Town where death occurred)

DATE FILED June 22, 1960 19.....



AUG 30 1957 AM

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE AUG 30 1957 AM

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

.....

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
STATE OF NEW HAMPSHIRETOWN OR CITY
CLERK'S NO.

179

1. NAME OF DECEASED (TYPE OR PRINT) James Antonellis			2. DATE OF DEATH (MONTH) July (DAY) 13 (YEAR) 1960		
3. PLACE OF DEATH A. COUNTY Bellknop			4. USUAL RESIDENCE A. STATE Mass. B. COUNTY Suffolk		
B. CITY OR TOWN Laconia		C. LENGTH OF STAY (IN THIS PLACE) 10 days	C. CITY (GIVE ACTUAL TOWN OF RESIDENCE, NOT MAILING ADDRESS). TOWN Winthrop		
D. FULL NAME OF HOSPITAL OR INSTITUTION Laconia Hospital			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 38 Seal St.		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) Josephine Choppa	
9. DATE OF BIRTH Jan. 27, 1898	10. AGE (IN YEARS) 72	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) Cook (retired)	11B. KIND OF BUSINESS OR INDUSTRY Cooking
12. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) Italy		13. CITIZEN OF WHAT COUNTRY? USA		14. FATHER'S NAME Pasquale Antonellis	
15. MOTHER'S MAIDEN NAME (first name unknown) Massa			16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) no		17. SOC. SEC. NO. 030-03-0556
18A. INFORMANT Mrs. Josephine Antonellis			18B. ADDRESS 38 Seal St. Winthrop, Mass.		
19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Metastatic Carcinoma					INTERVAL BETWEEN ONSET AND DEATH 2+ yrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Carcinoma of Prostate					3+ yrs
DUE TO (C) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A) Adrenal failure due to bilateral adrenalectomy					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 July 4, 1960 , to July 13, 1960 and last saw her alive on July 13, 1960 . Death occurred at 12:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
23A. SIGNATURE H. E. Trapp		(DEGREE OR TITLE) M.D.		23B. ADDRESS 489 Main St. Laconia	
				23C. DATE SIGNED 7/13/60 ☒	
24A. BURIAL ☐ CREMATION ☐ ENTOMBMENT ☐ REMOVAL ☐		24B. DATE 7/16/60		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Malden, Mass.					
24E. PLACE OF BURIAL (NAME OF CEMETERY) LOCATION (CITY, TOWN, COUNTY) (STATE) DATE					
25. FUNERAL DIRECTOR'S SIGNATURE Roger Beane ADDRESS Laconia		COUNTERSIGNED-AGENT (CITY BO. OF HEALTH) L.J. Slovack, M.D.		DATE 7/13/60	
DATE REC'D BY TOWN OR CITY CLERK July 22, 1960		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 **July 22, 1960**

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. 180

1

PLACE OF DEATH

S. Folk
(County)
Boston
(City or Town)

No. 17 Cutler St

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Hyman Fleishman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
{(Was deceased a
U. S. War Veteran, No
{if so specify WAR)

(a) Residence. No. 17 Cutler
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death 3 years.....months.....days. In place of residence 3 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 2 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
July 1940 to August 2, 1960
I last saw him alive on August 1, 1960, death is said to
have occurred on the date stated above, at 8:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive - Coronary
Artery Heart Disease 20yrs

Due To (b) Cardiac Decompensation 5yrs

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus. 18yrs

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 Lieberman, M. D.
Charles Lieberman
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop Mass Date 8/3/1960

6 Cong. Keneseth Israel - Woburn
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug 4 1960

7 NAME OF FUNERAL DIRECTOR TREF Funeral Service
ADDRESS 151 Washington Ave Chelsea

Received and filed AUG 3 1960 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 Jennie (ZABRONSKY)
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years.....Months.....Days If under 24 hours
.....Hours.....Minutes

13 Usual Occupation: Retired Meat Cutter
(Kind of work done during most of working life)

14 Industry or Business: Meat Provisions

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Max Fleishman

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Dinah

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Mrs. Lazarus C. Ogus
(Address) 48 Temple Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
8/3/60

(Official Designation) (Date of Issue of Permit)

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

enter
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for each
b) and (c)

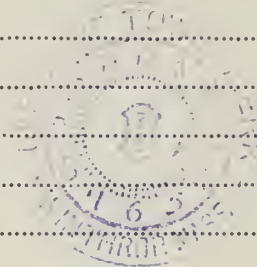
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chapter 137,
54, requires
a to print or
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SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....



AUG 3 1960 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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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.

STANDARD CERTIFICATE OF DEATH

Registered No. 181

PLACE OF DEATH

SUFFOLK
(County)

WINTHROP
(City or Town)

No. 4 SUMMIT AVE.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME FLORENCE E. BEATTIE (LYNCH)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

(a) Residence. No. 4 SUMMIT AVE
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 50 years.....months.....days. In place of residence 50 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 3 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Aug 1 1960 to Aug 3 1960
I last saw her alive on July 30 1960, death is said to
have occurred on the date stated above, at 6:00 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) 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 D. Ward, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) 194 Washington St. Date 8/5-60

6 ST JOSEPH'S BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 6 1960

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY
ADDRESS WINTHROP

Received and filed AUG 8 1960

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 W. BEATTIE
(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: HOME MAKER
(Kind of work done during most of working life)

14 Industry or Business: HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) EAST BOSTON
(State or country) MASS.

17 NAME OF FATHER WILLIAM J. LYNCH

18 BIRTHPLACE OF FATHER (City) BROOKLYN
(State or country) N. Y.

19 MAIDEN NAME OF MOTHER MARY L. SMITH

20 BIRTHPLACE OF MOTHER (City) BROOKLYN
(State or country) N. Y.

21 Informant (Address) FRANCIS P. LYNCH
4 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)

(Registrar)

X

R-301A

CTIONS
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signature.

9-925686

SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....

RULES OF PRACTICE

AUG - 21980 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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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.

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. 182

PLACE OF DEATH

SUFFOLK
(County)
WINTHROP
(City or Town)

No. BAY VIEW REST HOME 41 WASHINGTON AVE

Death occurred in a hospital or institution,
St. (give its NAME instead of street and number)2 FULL NAME Margaret (Sherry) Gibbons
(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 Washington Ave St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 6 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 8, 1960, to Aug 6, 1960
I last saw him live on Aug 6, 1960, death is said to
have occurred on the date stated above, at 4:00 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO-PNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH
4 daysDue 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? NO
If so, specify(Signed) FRED O. REGAN, M. D.
113 PLEASANT ST WINTHROP MASS
(PRINT OR TYPE SIGNATURE)
(Address) 113 Pleasant St Wintthrop
Date 8/6/606 ST. MARY'S, Lynn
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 9, 1960 19.607 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS 910 Wintthrop St Wintthrop

Received and filed AUG 8 1960 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word)
MARRIED WIDOWED WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
William Gibbons
(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 Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. NONE

16 BIRTHPLACE (City) Lynn
(State or country) Mass

17 NAME OF FATHER Patrick P. Sherry

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary S. Phelan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Daniel O'Brien
(Address) 28 Washington 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)

Health Officer 8/8/60
(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving

OF DEATH

not enter
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(b) and (c)does not mean
de of dying,
heart failure,
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S.

SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING.....
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....

RULES OF PRACTICE

AUG - 8 1960 PM

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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for each
(b) and (c)does not mean
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heart failure,
etc. It means
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the terminal
condition givenChapter 137,
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if death on
ificates, and
48, Acts of
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print or type
er signature.

S.

-59-925686

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. 183

PLACE OF DEATH

JUFFELY
(County)WINTHROP
(City or Town)

WINTHROP COM. HOSE

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME MARY A HANLON (RICE)
(If deceased 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. 93 CLIFF AVE
(Usual place of abode) St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 25 years.....months.....7 days. In place of residence. 5 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 6 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
Oct 1956, to August 6, 1960
I last saw her alive on August 5, 1960, death is said to
have occurred on the date stated above, at 6:05 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

INTERVAL
BETWEEN
ONSET AND
DEATH
1 dayDue To (b) Hypertension and
Arteriosclerosis.

5 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Hypertensive - Arterio
Sclerotic Heart Disease 5 yrs.

Was autopsy performed? Clinical

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Charles L. Liberman M. D.
Charles L. Liberman
(PRINT OR TYPE SIGNATURE)

(Address) WINTHROP, Mass Date 8/6/1960

6 PLACE OF BURIAL OR CREMATION HOLY CROSS MAIDEN
(City or Town)

DATE OF BURIAL AUG 9 1960

7 NAME OF FUNERAL DIRECTOR MAURICE W. MIRBY
ADDRESS WINTHROP

Received and filed AUG 8 1960

(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 JAMES HANLON
(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: 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 THOMAS RICE

18 BIRTHPLACE OF FATHER (City) BOSTON
(State or country) MASS

19 MAIDEN NAME OF MOTHER MARGARET (MEEENEY)

20 BIRTHPLACE OF MOTHER (City) IRLAND
(State or country)21 Informant LILLIAN F. RICE
(Address) 93 CLIFF AVE WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 8/8/60

(Official Designation)

(Date of Issue of Permit)

V.B. L

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.

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AUG - 2 1960 CH

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, §§ 44-48.

If deceased was a U. S. War Veteran, G.I. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

35M-11-59-926662

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.

184

No. 75 Temple Avenue, Winthrop

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME MAX CHECKOWAY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) no

(a) Residence. No. 75 Temple Avenue
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 5 years.....months.....days. In place of residence 5 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 8 1960
(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.)

Occlusive coronary arteriosclerosis.

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? 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, Mass. Date 8/8 19 60

7 Place of Burial, or Cremation

(City or Town)

DATE OF BURIAL Aug 9 19 60

8 NAME OF FUNERAL DIRECTOR Louis Hyman

ADDRESS 121 No. Comm. St. Lynn

Received and filed AUG 8 1960

(Registrar)

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 Boris Wels
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 47 Years 2 Months 2 Day- If under 24 hours
Hours Minutes

14 Usual Occupation: Manager
(Kind of work done during most of working life)

15 Industry or Business: Prudential Ins Co

16 Social Security No. 018-09-6445

17 BIRTHPLACE (City) Newburyport Mass
(State or country)

18 NAME OF FATHER Isaac Checkoway

19 BIRTHPLACE OF FATHER (City) Russia
(State or country)

20 MAIDEN NAME OF MOTHER Sarah Faberman

21 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

22 Informant Boris Checkoway
(Address) 75 Temple Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Serant
(Signature of Agent of Board of Health or other)

Health Officer 8-8-60
(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
.....

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
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STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a 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

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. 185

No. 125 Read St., Winthrop

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME JOHN MOLOZNIK

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, W.W.2
If so specify WAR)

125 Read St.

Winthrop, Mass.

(a) Residence. No.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 30 years.....months.....days: In place of residence 30 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 10, 1960
(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, acute.

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? 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 8/10/60

7 Woodlawn Cemetery Everett, Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL August 12, 1960

8 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed AUG 11 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)
male white MARRIED married
or WIDOWED or DIVORCED11a If married, widowed or divorced
HUSBAND of Esther Louise Eldridge
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 58 Years 2 Months 10 Days If under 24 hours
Hours Minutes14 Usual Occupation: store keeper
(Kind of work done during most of working life)

15 Industry or Business: Charleston Navy Yard

16 Social Security No. 025-01-2726

17 BIRTHPLACE (City) Chicago Ill.
(State or country)

18 NAME OF FATHER Anthony Moloznik

19 BIRTHPLACE OF FATHER (City) Chicago Ill.
(State or country)

20 MAIDEN NAME OF MOTHER Eva Kosar

21 BIRTHPLACE OF MOTHER (City) Chicago Ill.
(State or country)22 Informant Mrs. John Moloznik
(Address) 125 Read St., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter C. Sereanny
(Signature of Agent of Board of Health or other)Health Officer 8/11/60
(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 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.

35M-41-59-976662

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE11 December 1942.....
DATE OF DISCHARGE26 June 1945.....
RANK, RATINGMotor machinist's mate First Class.....
ORGANIZATION AND OUTFITUnited States Coast Guard.....
SERVICE NUMBER3005-160.....
.....

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
 - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
 - (3) **Medical Examiners** will investigate and certify to all deaths supposably due 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.

AUG 1 1945

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 STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

M R-301A

PLACE OF DEATH

SUFFOLK

(County)

1

WINTHROP

(City or Town)

Nursing

No. BAYVIEW REST HOME 41 WASHINGTON AVE

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)STANDARD
CERTIFICATE OF DEATH

Registered No.

186

2 FULL NAME

HELEN B NOLAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

PHYSICIAN — IMPORTANT

INSTRUCTIONS
FOR
CERTIFICATE

(a) Residence. No.

122 BROWFIELD RD

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years. 2 months.....days. In place of residence 30 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHAugust 10 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 1, 1960, to August 10, 1960I last saw him alive on August 9, 1960, death is said to
have occurred on the date stated above, at 12:15 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL THROMBOSIS WITH
BILATERAL HEMIPLEGIA

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? No

If so, specify

(Signed) Dorothy Cheney Appleton, M. D.

DOROTHY CHENEY APPLETON
(PRINT OR TYPE SIGNATURE)

(Address) 19 Woodside Cir. Date Aug 12, 1960

6 HOLY CROSS MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 13 1960

7 NAME OF
FUNERAL DIRECTOR MAURICE W KIRBY

ADDRESS 210 WINTHROP ST WINTHROP

Received and filed

AUG 12 1960

19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

FEMALE

9 COLOR

WHITE

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED SINGLE

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 74 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: HOME

15 Social Security No.

16 BIRTHPLACE (City) EAST BOSTON
(State or country) MASS17 NAME OF
FATHER

FLORENCE NOLAN

18 BIRTHPLACE OF

FATHER (City) IRELAND
(State or country)

19 MAIDEN NAME

OF MOTHER HANNAH (UNKNOWN)

20 BIRTHPLACE OF

MOTHER (City) IRELAND.
(State or country)

21

Informant FRANCIS A NOLAN
(Address) 122 BROWFIELD RD WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/12/60

11-59-926662

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

AUG 12 1960

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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. 187

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mayflower Nursing Home (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME William Palais (If deceased is a married, widowed or divorced woman, give also maiden name.)
PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence. No. 53 Trident Ave. St. Winthrop (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 1 days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 10 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from Nov 1956 to August 11 1960
I last saw him alive on Aug. 11, 1960, death is said to have occurred on the date stated above, at 12:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

INTERVAL
BETWEEN
ONSET AND
DEATH

1 wk

Due To (b) Hypertension and Arteriosclerosis

5 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Pneumonia

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) Charles Liberman M.D.

Charles Liberman
238 Phoenix St. (Physician's SIGNATURE)

(Address) Winthrop Date 8/11 1960

6 Tifereth Israel of Everett

Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL August 12 1960

7 NAME OF FUNERAL DIRECTOR Morris W. Brezniak

ADDRESS 470 Harvard St. Brookline

Received and filed AUG 12 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED

10a If married, widowed, or divorced Ethel Ziegler
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Retired (Kind of work done during most of working life)

14 Industry or Business: Poultry business

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Isaac Palais

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)19 MAIDEN NAME Leah (unknown)
OF MOTHER20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Mrs. Ethel Palais
(Address) 53 Trident Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 8/11/60
(Official Designation) (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
L CERTIFICATEn giving
OF DEATHnot enter
than one
se for each
, (b) and (c)does not mean
ode of dying,
heart failure,
etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
ne cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

11-59-926662

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

AUG 1 2 1950

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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)

Revere

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Revere

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 188

No. Grover Manor Hospital

{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

2 FULL NAME Albert G. Strachan, Jr.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a U. S. War Veteran, if so specify WAR.)}

(a) Residence, No. 125 Grovers Ave.
(Usual place of abode)

x 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 August 14, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 19 60 Aug. 19 60
I last saw him live on Aug. 14, 19 60 death is said to have occurred on the date stated above, at 10:05P

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

minutes

Due To Coronary Insufficiency
(b)

1 week

Due To Coronary artery disease
(c)

2 years

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis? ECG

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Edward A. Florentino
366 Broadway M. D.
(Address) Everett Date 8/15 19 60

6 Glenwood Cemetery Everett
Place of Burial or Cremation August 18, 19 60

DATE OF BURIAL August 18, 19 60

7 NAME OF FUNERAL DIRECTOR J. E. Henderson Co.
517 Broadway, Everett
ADDRESS

Received and filed SEP 2 1960

(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 or DIVORCED

10a If married, widowed or divorced HUSBAND of Rena A. Ferrari
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.
AGE 54 Years 3 Months 18 Days If under 24 hours
.....Hours.....Minutes

13 Usual Occupation: Foreman
(Kind of work done during most of working life)

14 Industry or Business: Boston Paper Board

15 Social Security No. 022-10-2912
Everett

16 BIRTHPLACE (City) Mass.
(State or country)

17 NAME OF FATHER Albert G. Strachan

18 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Annie Edgar

20 BIRTHPLACE OF MOTHER (City) London
(State or country) England

21 Mrs. Rena A. Strachan
Informant 125 Grovers Ave., Winthrop
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 16, 19 60



SEP - 21 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 STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **189**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **Winthrop Community Hospital**

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME **Margaret(Mansfield) Gaddis**

(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. **229 Washington Ave.,**
(Usual place of abode)

St. _____
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months. **13** days. In place of residence **40** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Aug. 19 1960**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 6 1960 to **Aug. 19 1960**

I last saw her alive on **Aug. 19 1960** death is said to
have occurred on the date stated above, at **10:20 PM**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Generalized Carcinomatosis**

INTERVAL
BETWEEN
ONSET AND
DEATH

1 mo.

Due To **Carcinoma of Liver**
(b)

3-4

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS **None**

Was autopsy performed? **No**

What test confirmed diagnosis? **Clinical & Lab.**

5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

(Signed) **M. Traustein M.D.**, M. D.

M. Traustein M.D.
(PRINT OR TYPE SIGNATURE)

(Address) **73 Bartlett Rd.** Date **8/19/60**

6 **Winthrop Cemetery - Winthrop**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **August 23 1960**

7 NAME OF FUNERAL DIRECTOR **Arthur J. O'Maley**

ADDRESS **Winthrop, Mass**

Received and filed19.....

AUG 23 1960

(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 **David J. Gaddis**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **66** AGE **66** Years.....Months.....Days If under 24 hours
Hours.....Minutes

13 Usual Occupation: **Dispatcher**
(Kind of work done during most of working life)

14 Industry **Taxi**
or Business:

15 Social Security No. **032-03-3845**

16 BIRTHPLACE (City) **Boston**
(State or country) **Mass**

17 NAME OF FATHER **Roger Mansfield**

18 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

19 MAIDEN NAME OF MOTHER **Mary Brian**

20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)

21 Informant **Joan Gaddis**
(Address) **229 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:

Theresa C. Ferraro
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **8 23/60** (Date of Issue of Permit)
V.B.V

R-301A

CTIONS
FOR
CERTIFICATE

giving
OF DEATH

ot enter
than one
for each
b) and (c)

es not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
ave rise to
ause (a),
the under-
ause last.

ions contrib-
eath but not
the terminal
dition given

Chapter 137,
54, requires
s to print or
cause or
death on
ificates, and
8, Acts of
ires Physi-
rint or type
r signature.

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.

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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.

AUG 2 3 1900

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. **190**

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **241 Court Road**

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Mary S. Austin (Stephenson)**
(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. **241 Court Road**
(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 **August 20 1960**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h.....alive on....., 19....., death is said to
have occurred on the date stated above, at **2:00 P.** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Presumably due to**

Due To **natural causes, arterio-**

(b) **sclerosis and arterio-**

Due To **sclerotic heart disease.**

(c) **Winthrop Board of Health**

OTHER SIGNIFICANT CONDITIONS **Charles Liberman, M.D.**

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify **Charles Liberman, M.D.**

(Signed) **CHARLES LIBERMAN**
(PRINT OR TYPE SIGNATURE)

(Address) **BOARD OF HEALTH** Date **8/20 1960**

6 **Mt. Pleasant Cemetery, Arlington**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **August 23, 1960**

7 NAME OF FUNERAL DIRECTOR **Saville, Inc.**

ADDRESS **Arlington, Mass.**

Received and filed **AUG 22 1960**

(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 **Harry O. Austin**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **76** Years **11** Months **26** Days
If under 24 hours
.....Hours.....Minutes

13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)

14 Industry or Business: **Own Home**

15 Social Security No. **None**

16 BIRTHPLACE (City) **Everett**
(State or country) **Massachusetts**

17 NAME OF FATHER **Thomas C. Stephenson**

18 BIRTHPLACE OF FATHER (City) **Cannot be learned**
(State or country) **England**

19 MAIDEN NAME OF MOTHER **Agnes Haynes**

20 BIRTHPLACE OF MOTHER (City) **Cannot be learned**
(State or country) **England**

21 Informant **Byrl Magoon**
(Address) **241 Court Rd., Winthrop, Mass.**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) **8/20/60**

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
e, or compli-
which caused

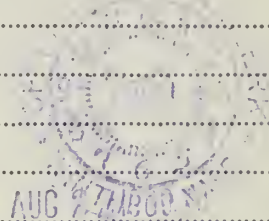
ons, if any,
ave rise to
cause (a),
the under-
cause last.

itions contrib-
death but not
the terminal
condition given

Chapter 137,
95A, requires
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48, Acts of
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print or type
er signature.

-59-925686

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....



AUG 22 1960 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)

No. 135 Main St.

STANDARD
CERTIFICATE OF DEATH

Registered No. 191

{(If death occurred in a hospital or institution,
St. } give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Lida E. Ginepra Vanni
(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 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 53 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 22 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Dec 3, 1959, to August 22, 1960
I last saw her alive on August 15, 1960, death is said to
have occurred on the date stated above, at 4:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) uremiaDue To
(b) arteriosclerosis - senilityDue To
(c) _____OTHER SIGNIFICANT CONDITIONS Congestive heart failure 2 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) H.B. Greenfield M. D.
H.H. Shirley St.
(PRINT OR TYPE SIGNATURE)(Address) Winthrop Mass Date Aug 22, 19606 Old Calvary Cemetery Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 24, 19607 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop MassReceived and filed AUG 23 1960, 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
OR Widowed

10a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of Charles D. Ginepra
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 Years _____ Months _____ Days
If under 24 hours _____ Hours _____ Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry or Business: Own Home

15 Social Security No. _____

16 BIRTHPLACE (City) Boston
(State or country) Mass17 NAME OF FATHER Vanni18 BIRTHPLACE OF FATHER (City) _____
(State or country) Italy19 MAIDEN NAME OF MOTHER Louise Gazzola20 BIRTHPLACE OF MOTHER (City) _____
(State or country) Italy21 Informant Ruth Ginepra
(Address) 135 Main St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Walter E. Ginepra
(Signature of Agent of Board of Health or other)
Health Officer 8/23/60
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
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which causedons, if any,
gave rise to
cause (a),
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death but not
the terminal
condition givenChapter 137,
954, requires
to print or
e cause or
e death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

-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.

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AUG 23 1960 PM

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. 90 Lowell Road

STANDARD
CERTIFICATE OF DEATH

Registered No. 192

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Margaret A. Mahoney Riley
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 90 Lowell Road
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence 50 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 22 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 7, 1952, to August 22, 1960.
I last saw her alive on August 17, 1960, death is said to
have occurred on the date stated above, at 7 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) u remia

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To arteriosclerosis

(b) 6 mos.

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Cerebral thrombosis (old)
Congestive heart failure

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) H. B. Greenfield H. B. Greenfield, M. D.

447 Springley St.
(PRINT OR TYPE SIGNATURE) August 22 1960

(Address) Winthrop Mass

6 Holy Cross Cemetery Malden Mass

Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 24 19607 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed AUG 23 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or Widowed10a If married, widowed, or divorced
HUSBAND of(Give maiden name of wife in full)
(or) WIFE of William H. Mahoney
(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: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER John P. Riley

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Joyce

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Infant (Address) Lillian Mahoney
90 Lowell 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)
Healer Officer 8/23/60
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

R-301A

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
(b) and (c)es not mean
of dying,
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etc. It means
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the terminal
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154, requires
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ires Physi-
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er signature.

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.

REC-2 31960 PM

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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cause (a),
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death but not
the terminal
condition given

Chapter 137,
954, requires
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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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 193

No. 87 Marshall Street

(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME John Wright Runcie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 87 Marshall Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 40 years months days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG. 24 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept 12, 1952 to AUG. 24, 1960

I last saw him alive on AUG. 24, 1960, death is said to

have occurred on the date stated above, at 12:30 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
4 mo.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERAL CARCINOMATOSIS

Due To ADENOCARCINOMA OF
(b) STOMACH

1 yr.

Due To
(c)OTHER SIGNIFICANT CONDITIONS GENERAL ARTERIO-SCLEROSIS
ARTERIO-SCLEROTIC HEART DISEASE 8 yrs.

Was autopsy performed? NO.

What test confirmed diagnosis? PATHOLOGICAL

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify

(Signed) Myron H. King, M. D.

(Address) 222 Pleasant St. Winthrop Date 8/25 1960

6 Winthrop Winthrop
(City or Town)

Place of Burial or Cremation

DATE OF BURIAL Aug. 27 1960

7 NAME OF FUNERAL DIRECTOR Howard J. Reynolds

ADDRESS Winthrop Mass

Received and filed AUG 26 1960 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 Harriet Doig

(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 4

Months 28

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Plasterer

(Kind of work done during most of working life)

14 Industry

or Business:

Contractor

15 Social Security No. 010-09-3271

16 BIRTHPLACE (City) Aberdeen

(State or country) Scotland

17 NAME OF FATHER

Charles Runcie

18 BIRTHPLACE OF

FATHER (City)

Aberdeen

(State or country) Scotland

19 MAIDEN NAME

OF MOTHER

Elizabeth Wright

20 BIRTHPLACE OF

MOTHER (City)

Aberdeen

(State or country) Scotland

21

Informant Harriet Runcie

(Address) 87 Marshall 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)

VIV

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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

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. 191

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 William G. Walker

(If deceased 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. 131 Bowdoin St
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 14 days. In place of residence 11 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 24 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
JAN 53 to AUG 24 1960I last saw him alive on AUG 23 1960, death is said to
have occurred on the date stated above, at 6:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE POSTERIOR MYOCARDIAL
INFARCTION C.R.T. BUNDLE BRANCH 26%
BLOCK.

Due To (b) RHEUMATIC HEART DS.

INTERVAL
BETWEEN
ONSET AND
DEATH

96 YRS.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS NONEWas autopsy performed? NO
What test confirmed diagnosis? Clinical & EKG.5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Morgan N. King, M.D.

MORGAN N. KING, M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 222 Pleasant St. Date 8/24 1960

6 MT. BENEDICT BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 24 1960

7 NAME OF FUNERAL DIRECTOR MAURICE W. WIRBY
ADDRESS WINTHROP

Received and filed AUG 26 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED SINGLE
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: ELECTRICIAN
(Kind of work done during most of working life)

14 Industry or Business: CONSTRUCTION

15 Social Security No.

16 BIRTHPLACE (City) SOMERVILLE
(State or country) MASS.

17 NAME OF FATHER ALFRED L. WALKER

18 BIRTHPLACE OF FATHER (City) NEW SCOTIA
(State or country)

19 MAIDEN NAME OF MOTHER CATHERINE J. CARLEN

20 BIRTHPLACE OF MOTHER (City) BOSTON
(State or country) MASS.21 Informant (Address) WILLIAM WALKER
131 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 26 60

R-301A

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
b) and (c)es not mean
of dying,
heart failure,
etc. It means
or compli-
which causedms, if any,
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ires Physi-
rint or type
signature.

M-5.

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:

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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.

AUG 2 6 1930 PM



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.

195

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Caggiano, Stillborn Male

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 41 Upland Road

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 31 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

I last saw h alive on , 19 , death is said to

have occurred on the date stated above, at .m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

Due To Meningomyelocele and
(b) Spina Bifida

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Absence of neck

No

Was autopsy performed? Clinical

What test confirmed diagnosis? No

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice Traubstein Jr., M. D.

(Address) 73 Bartlett Rd. Winthrop

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 2, 19 60

7 NAME OF
FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed SEP 1 1960 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. Stillborn

12 AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER Thomas R. Caggiano

18 BIRTHPLACE OF FATHER (City) Waterbury
(State or country) Conn.

19 MAIDEN NAME OF MOTHER Sheila Ambrose

20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

21 Informant Thomas R. Caggiano
(Address) 41 Upland Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

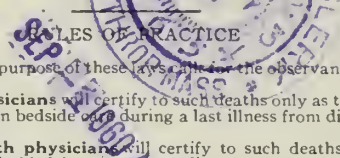
A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).



The fulfillment of the purpose of these provisions for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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.

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No. 196

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)}

PHYSICIAN — IMPORTANT

2 FULL NAME Loretta (McLean) Muldoon

(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. 19 Emerson Rd.

(Usual place of abode)

Winthrop

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.13.....days. In place of residence.....years.....3.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 1. 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 30, 1960, to Sept 1, 1960
I last saw him alive on Aug 31, 1960, death is said to
have occurred on the date stated above, at 6:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

Due To Malignant Hypertension
(b)Due To Arterial Sclerosis.
(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) George H. Schwartz, M. D.

PRINT OR TYPE SIGNATURE
(Address) 19 Princeton St. Date Sept 1, 1960

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 3, 1960

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby, Inc.

ADDRESS 917 Bennington St., E. Boston

Received and filed SEP 2 1960

(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 William E. Muldoon
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 9 Months 17 Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Alan G. McLean

18 BIRTHPLACE OF FATHER (City) P.E.I.
(State or country)

19 MAIDEN NAME OF MOTHER Mary Green

20 BIRTHPLACE OF MOTHER (City) P.E.I.
(State or country)21 Informant Mrs. Mary F. Keane-sister
(Address) 19 Emerson Rd., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) X

R-301A

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
b) and (c)es not mean
of dying,
heart failure,
etc. It means
or compli-
which causedns, if any,
ave rise to
ause (a),
the under-
ause last.ions contrib-
eath but not
the terminal
dition givenChapter 137,
54, requires
s to print or
cause or
death on
ificates, and
18, Acts of
hires Physi-
rint or type
r signature.

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized 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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SEP - 21 1960 17

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. 197

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)}

PHYSICIAN — IMPORTANT

2 FULL NAME Swinn, Ada (Evans) Ada (Evans) Swinn
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a
U. S. War Veteran,
if so specify WAR)}(a) Residence. No. 82 Waldemar Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....5.....days. In place of residence. 44 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT 2 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Aug. 27 1960 to Sept. 2 1960
I last saw her alive on Sept 1, 1960, death is said to
have occurred on the date stated above, at 1:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

INTERVAL
BETWEEN
ONSET AND
DEATH

4 days

Due To (b) Cerebral Arteriosclerosis 2 yrs.

Due To (c) Hypertension 2 yrs

OTHER SIGNIFICANT CONDITIONS Bronchial Pneumonia 3 days

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
CHARLES LIBERMAN
(PRINT OR TYPE SIGNATURE)
(Address) Winthrop, Mass. Date 9/2/19606 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sept 3 19607 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed SEP 2 1960

(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 Charles H Swinn
(Husband's name in full)11 IF STILLBORN, enter that fact here.
12 AGE 82 Years 0 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 At home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Edwin Evans

18 BIRTHPLACE OF FATHER (City) Newfoundland
(State or country)

19 MAIDEN NAME OF MOTHER Jane Elizabeth Butt

20 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country)21 Informant Dorothy Teeven
(Address) 82 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)

Removed to 1-13-60

V.B.

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)es not mean
of dying,
heart failure,
tc. It means
or compli-
which causedns, if any,
ve rise to
ause, (a),
the under-
ause last.ions contrib-
death but not
the terminal
dition givenChapter 137,
54, requires
s to print or
cause or
death on
ificates, and
8, Acts of
ires Physi-
rint or type
r signature.

59-92566

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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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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SEP - 2 1960

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town makes this return)

Middlesex

(County)

Cambridge

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No. 1353 198

No. Guardian Hospital 85 Otis St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Daly (Dasey) (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. 5 Irwin St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 2 years. 3 months. 2 days. In place of residence. 2 years. 3 months. 38 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 6, 1960 (Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from September 4, 60 to September 6, 60 I last saw him alive on September 5, 1960, death is said to have occurred on the date stated above, at 4:30a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Oat Cell Carcinoma of the lung

Due To (b) _____

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no Biopsy What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Francis E. Smith M. D. Guardian Hosp. Date Sept. 6, 1960 Mt. Benedict Cem. Boston

6 Place of Burial or Cremation Sept. 9, (City or Town) 60 DATE OF BURIAL 19.

7 NAME OF FUNERAL DIRECTOR Maurice N. Kirby Winthrop ADDRESS

Received and filed OCT 4 1960 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles T. Daly (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 61 Years Months Days AGE If under 24 hours Hours Minutes

13 Usual Occupation Home (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Brookline (State or country) Mass.

17 NAME OF FATHER Martin Dasey

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Anne Flaherty

20 BIRTHPLACE OF MOTHER (City) Brookline (State or country) Mass.

21 Charles Daley Informant (Address) 5 Irwin St. Winthrop

A TRUE COPY Frederick H. Burke

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sept. 6, 1960

V.R.

R-302

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death. 2 years. 3 months. 2 days. In place of residence. 2 years. 3 months. 38 days.

3 DATE OF DEATH September 6, 1960 (Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from September 4, 60 to September 6, 60 I last saw him alive on September 5, 1960, death is said to have occurred on the date stated above, at 4:30a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Oat Cell Carcinoma of the lung

Due To (b) _____

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no Biopsy What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Francis E. Smith M. D. Guardian Hosp. Date Sept. 6, 1960 Mt. Benedict Cem. Boston

6 Place of Burial or Cremation Sept. 9, (City or Town) 60 DATE OF BURIAL 19.

7 NAME OF FUNERAL DIRECTOR Maurice N. Kirby Winthrop ADDRESS

Received and filed OCT 4 1960 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles T. Daly (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 61 Years Months Days AGE If under 24 hours Hours Minutes

13 Usual Occupation Home (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Brookline (State or country) Mass.

17 NAME OF FATHER Martin Dasey

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Anne Flaherty

20 BIRTHPLACE OF MOTHER (City) Brookline (State or country) Mass.

21 Charles Daley Informant (Address) 5 Irwin St. Winthrop

A TRUE COPY Frederick H. Burke

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sept. 6, 1960

V.R.

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), L.)

25M-2-58-922072

GCT - 41950/21

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. 193

No. Winthrop Nursing Home
142 Pleasant St.{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Margaret T. Leahy

(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. 118 Woodside Ave
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death... years 1 months days In place of residence... 41 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 8 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
2/1 1959, to 9/8 1960I last saw her alive on 9/8 1960, death is said to
have occurred on the date stated above, at 1.30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS

INTERVAL
BETWEEN
ONSET AND
DEATH

2 hr

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? No
If so, specify

(Signed) Fred O. McLean M.D.

FRED O. McLEAN M.D.

(PRINT OR TYPE SIGNATURE)

(Address) 113 PLEASANT ST. Date 9/9 1960

6 Holyhood Brookline Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 10, 1960

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.
ADDRESS 917 Bennington St. F.B.

Received and filed 19

SEP 9 1960

(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 78 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: School Teacher

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country)

17 NAME OF FATHER Dennis J. Leahy

18 BIRTHPLACE OF FATHER (City) Boston
(State or country)

19 MAIDEN NAME OF MOTHER Katherine B. McLaughlin

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)21 Informant Mr. Donald Grimes
(Address) 118 Woodside Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:H. E. Grimes
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

R-301A

DUCTIONS
OR
CERTIFICATEgiving
OF DEATHnt enter
han one
for each
b) and (c)es not mean
of dying,
eart failure,
tc. It means
or compli-
hich causeds, if any,
ve rise to
use (a),
he under-
use last.ions contrib-
ath but not
the terminal
dition givenchapter 137,
54, requires
to print or
cause or
death on
ificates, and
8, Acts of
ires Physi-
rint or type
signature.

59-925686

RECEIVED
TOM
SEP 1 1960
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.

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.ns contrib-
ath but not
the terminal
dition givenChapter 137,
54, requires
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 STATISTICSTo 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 Warren A. Dick

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, ww 11
if so specify WAR)(a) Residence, No. 166 Hichborn St
(Usual place of abode)St. Revere
(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 13 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 9, 1960, to Sept. 13, 1960

I last saw him alive on Sept. 12, 1960, death is said to

have occurred on the date stated above, at 12:15 A. M.

INTERVAL
BETWEEN
ONSET AND
DEATH

4 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial Infarction

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? EKG

5 Was disease or injury in any way related to occupation of deceased No

If so, specify

Harry J. Wiener M. D.

(Signed) Harry J. Wiener, M. D.

(Address) Revere Mass Date 9/17/1960

6 Woodlawn Cemetery Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 16, 1960 19

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike
ADDRESS 305 Beach St Revere

Received and filed SEP 15 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX
Male9 COLOR
White10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Rose Spataro
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 46 Years 6 Months 9 Days

If under 24 hours
Hours Minutes13 Usual Occupation: Painter
(Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No.

16 BIRTHPLACE (City) Springhill
(State or country) Nova Scotia

17 NAME OF FATHER Warren W. Dick

18 BIRTHPLACE OF FATHER (City) Springhill
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Lillian Hires

20 BIRTHPLACE OF MOTHER (City) Springhill
(State or country) Nova Scotia21 Informant Rose Dick
(Address) 166 Hichborn St. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE Feb 1, 1943
DATE OF DISCHARGE Feb. 27, 1946
RANK, RATING Corporal
ORGANIZATION AND OUTFIT 138th Army Air Force Base Unit
SERVICE NUMBER 31294572

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.

201

No. 90 Shore Drive, Winthrop

 St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME LEANNA R. DROWN

(If deceased 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. 90 Shore Drive, Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 2 years months days. In place of residence. 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH On or about Sept 17, 1960.

(Month)

(Day)

(Year)

 4 I HEREBY CERTIFY that I have investigated the death
 of the person above-named and that the CAUSE AND MANNER thereof
 are as follows: (If an injury was involved, state fully.)

 Hypertensive and arteriosclerotic
 heart disease.

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.

(Print or Type Signature)

(Address) Boston Date 9/22, 1960

7 Mt. Hope Cemetery, Boston, Mass.

Place of Burial XXXXXXXX (City or Town)

DATE OF BURIAL Sept. 24, 1960

8 NAME OF FUNERAL DIRECTOR Conrad Z. Granath

ADDRESS 23 Forest St., Medford, Mass.

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR

11 SINGLE

(write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED

Single

11a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 63 Years 0 Months 11 Days

If under 24 hours

Hours Minutes

14 Usual Occupation: Machine Operator

(Kind of work done during most of working life)

15 Industry or Business: United Carr Fastener, Cambridge

16 Social Security No. 010-03-7645

17 BIRTHPLACE (City)
(State or country)Boston
Mass.

18 NAME OF

FATHER

George F. Drown

19 BIRTHPLACE OF

FATHER (City)

Malden

(State or country)

Mass.

20 MAIDEN NAME

OF MOTHER

Leanna Mattatall

21 BIRTHPLACE OF

MOTHER (City)

Nova Scotia

(State or country)

Canada

 22 Informant Mrs. Irene P. Jacobson (Sister)
 (Address) 50 Alliston St., West Medford, 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. Lirianne
 (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 supposably due 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.)"

SEP 2 1960

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.

202

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No.

{(If death occurred in a hospital or institution,
St. } give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Myer Bloch (BLOCH - CORRECT 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 Sea Foam 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 10.....days. In place of residence 40.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT 22 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
SEPT 9, 1960, to SEPT 22, 1960
I last saw him live on SEPT 22, 1960, death is said to
have occurred on the date stated above, at 10 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PERFORATED PEPTIC ULCERDue To (b) CEREBRAL HEMORRHAGEDue To (c) GENERAL ARTERIOSCLEROSIS
ARTERIO SCLEROTIC HEART DIS.OTHER SIGNIFICANT CONDITIONS NOWas autopsy performed? NOWhat test confirmed diagnosis? CLINICAL + X-RAY5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify(Signed) Myron N. King, M. D.
MYRON N. KING M.D.
(PRINT OR TYPE SIGNATURE)(Address) 220 BLENHEIM ST Date 9/22, 1960
WINTHROP6 WINTHROP CEMETERY - EVERETT
Place of Burial or Cremation (City or Town)DATE OF BURIAL SEPT. 25, 19607 NAME OF FUNERAL DIRECTOR ARNOLD GOLOUADDRESS 1668 BEACON ST. BKLING

Received and filed19.....

SEP 26 1960

(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 IRMA GROMAN
(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: REAL ESTATE
(Kind of work done during most of working life)14 Industry or Business: BENNINGTON READY INC.

15 Social Security No.

16 BIRTHPLACE (City) RUSSIA
(State or country)17 NAME OF FATHER ELEAZOR BLOCH18 BIRTHPLACE OF FATHER (City) RUSSIA
(State or country)19 MAIDEN NAME OF MOTHER MIRIAM (C.B.L.)20 BIRTHPLACE OF MOTHER (City) RUSSIA
(State or country)21 Informant (Address) MORRIS BLOCH
1 WHITMAN RD, SUMMERS CTI HEREBY CERTIFY that a satisfactory standard 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 9/27/60
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedons, if any,
have rise to
cause (a),
the under-
cause last.itions contrib-
death but not
the terminal
condition givenChapter 137,
95A, requires
ns to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.Be-2-9300
5-59-925686

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE..... SEP 11 1918
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.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

oes not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates, and
48, Acts of
Physi-
print or type
der signature.

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. 203

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. 272 RIVER ROAD

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME.....HYMAN KAGAN
(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. 272 RIVER ROAD
(Usual place of abode)St. WINTHROP
(If nonresident, give city or town and State)

Length of stay: In place of death 10 years.....months.....days. In place of residence 10 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 24 1960
(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.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

Due To Due to natural causes

(b) presumably due to

Due To cerebral hemorrhage,

(c) due to cerebral

OTHER SIGNIFICANT CONDITIONS arteriosclerosis

Was autopsy performed? Wintthrop Board of Health
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles F. ... M. D.

(PRINT OR TYPE SIGNATURE)

(Address) Date 9/24/60

6 TIFERETH ISRAEL - GURAT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL SEPT 25 1960

7 NAME OF FUNERAL DIRECTOR ARNOLD Golov

ADDRESS 1668 Beacon St Brookline

Received and filed SEP 26 1960

(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 SARA KATICK
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: Laundry Agent
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Harry Kagan

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Barbara Rothblatt

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant SARA KAGAN
(Address) 272 RIVER RD - WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 9/24/60
(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.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

Grover Manor

No.

Edward Hurwitz

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

9 Cliff Avenue

(a) Residence, No.

(Usual place of abode)

x

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Revere

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 204

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (Was deceased a U. S. War Veteran. If so specify WAR. No

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 26, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 4 57 Sept. 26 60

I last saw him alive on Sept. 26 60

death is said to have occurred on the date stated above, at 5:00P.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic Carcinoma

Due To Carcinoma of Colon

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? Clinical

What test confirmed diagnosis? No

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benjamin Barton 107 Ferry St. 9/27 60

(Address) Sharon Memorial Park Sharon

6 Place of Burial or Cremation September 27, 60

DATE OF BURIAL Philip Briss

7 NAME OF FUNERAL DIRECTOR 470 Harvard St., Bkln., Mass.

ADDRESS

Received and filed OCT 4 1960

(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 or DIVORCED

10a If married, widowed or divorced HUSBAND of Doris Frank

(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: Self employed (Kind of work done during most of working life)

14 Industry or Business: Attorney at law

15 Social Security No. Boston

16 BIRTHPLACE (City) (State or country)

17 NAME OF Samuel Hurwitz FATHER

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME Sadie Freedman OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant Doris Hurwitz (Address) 9 Cliff Ave., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED September 27, 1960

V.V.V.

001 - A (R) (W)

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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 205

PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)



No. Mayflower Nursing Home

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Benjamin Shapiro

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR) ho

(a) Residence. No. 52 Chester Ave

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 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sep 28 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
JAN 55 to Sep 28 1960
I last saw him alive on Sep 27 1960, death is said to
have occurred on the date stated above, at 2:30 A.M.

DEATH WAS CAUSED BY IMMEDIATE CAUSE
(a) Coronary Heart Disease

Due To (b) Arterio sclerosis

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. B. IDLITZ, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 332 Bellingham St. Chelsea Date 9/28/60

6 Charles A. Henshaw, Jr. Lynn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 28 1960

7 NAME OF FUNERAL DIRECTOR Vol. Funeral Service Inc.

ADDRESS Chelsea

Received and filed SEP 28 1960

(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 Bessie Cohen
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Slicer (Retired)
(Kind of work done during most of working life)

14 Industry or Business: White Materials

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER (C.B.Z.) Shapiro

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME (C.B.Z.) OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Minnie Klinkman
(Address) 30 Buckingham St. Holliston, 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) 9/28/60

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

es not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
ave rise to
cause (a),
the under-
ause last.

tions contrib-
death but not
the terminal
dition given

Chapter 137,
1954, requires
s to print or
cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Payview Nursing Home



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.

206

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Emma L. Peterson

(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. 75 Condor

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years 2 months 20 days. In place of residence 15 years 1 month 15 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 causedns, if any,
ave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
is to print or
cause or
f death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 29, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
1959 to SEPT 29, 1960I last saw her alive on SEPT 29, 1960, death is said to
have occurred on the date stated above, at 5:30 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE
LEFT HEMIPLEGIA

Due To ARTERIOSCLEROSIS -

Due To

(c)

OTHER SIGNIFICANT CONDITIONS CARDIAC DECOMPENSATION 1 YR
RIGHT HEMIPLEGIA 6 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) A. Nathan Caplan, M. D.

(PRINT OR TYPE SIGNATURE) E. B.
(Address) 186 Princeton St. Date 9/30 19 606 Holy Cross Malden
Place of Burial or Cremation Oct. 3 (City or Town) 60
DATE OF BURIAL 197 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed SEP 30 1960 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 T. Peterson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 86 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) East Boston, Mass.
(State or country)

17 NAME OF FATHER William McKenney

18 BIRTHPLACE OF FATHER (City) unknown
(State or country)

19 MAIDEN NAME OF MOTHER Bridget Melody

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Emma Kane
(Address) 35 Condor St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 9/30/60

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....

SEP 30 1950 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 receive medical attendance 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.

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

Borough, BROOKLYN

~~X~~ XXXX

NEW YORK CITY, N.Y.

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 207

No. Long Island College Hospital

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME (Baby Boy) - - - - Rikeman
(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. 78 Temple Avenue
(Usual place of abode)

(If nonresident, give city or town and State)

months.....days In place of residence.....years.....months.....days.

17H (Rev. 7/58)
13

BIRTH		DEATH	
Born Date	FILED	Certificate of Death	
Institution		Certificate No. <u>189</u>	
Born-Resid.		1. NAME OF DECEASED <u>Baby Boy Rikeman</u> (Print or Typewrite) First Name Middle Name Last Name	
Area-Dist.		PERSONAL PARTICULARS (To be filled in by Funeral Director)	
Notiv. Dec.		MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	
Cause 1		2. USUAL RESIDENCE: (a) State <u>MASS.</u> (b) Co. <u>WINTHROP</u> (c) Post Office and Zens <u>WINTHROP</u> (d) No. <u>78 Temple</u> Ave. (If in rural area, give location)	
Cause 2		15. PLACE OF DEATH: (a) NEW YORK CITY, (b) Borough <u>BROOKLYN</u> (c) Name of Hospital or Institution <u>Long Island College</u> (If not in hospital or institution, give street and number.) (d) If in hospital, give Ward No. <u>NURSERY</u>	
Operation		16. DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) <u>7</u> <u>6</u> <u>60</u> <u>60A</u>	
Att-Atsup.		17. SEX <u>MALE</u> 18. COLOR OR RACE <u>WHITE</u> 19. Approximate Age <u>1 Hour 30 min</u>	
Cem.		20. I HEREBY CERTIFY that (I attended the deceased)* (a staff physician of this institution attended the deceased)* from <u>7-6</u> 19 <u>60</u> , to <u>7-60</u> 19 <u>60</u> and last saw him alive at <u>6:10</u> A M on <u>7-60</u> 19 <u>60</u>	
Type Acid.		I further certify that death <u>was not</u> caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES.	
Occurrence		* Cross out words that do not apply. † See first instruction on reverse of certificate.	
		Witness my hand this <u>11</u> day of <u>July</u> 19 <u>60</u>	
		Signature <u>Anthony Bonelli</u> D.O. M.D.	
		Address <u>Long Island College Hosp.</u>	
		13. NAME OF INFORMANT RELATIONSHIP TO DECEASED ADDRESS	
		14a. Name of Cemetery or Crematory 14b. Location (City, Town or County and State) 14c. Date of Burial or Cremation	
		21. FUNERAL DIRECTOR ADDRESS	

ICAL PARTICULARS

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

name of wife in full)

and's name in full)

re.

If under 24 hours
.....Hours.....Minutes

ne during most of working life)

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE HEALTH DEPARTMENT
DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND INDEXING

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE
DATE OF DISCHARGE
RANK, RATING
ORGANIZATION AND OUTFIT
SERVICE NUMBER
.....

The Commonwealth of Massachusetts

OUT - OF - TOWN

SUFFOLK

BOSTON

(City or Town)



JOSEPH D WARD
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. 117055

(If death occurred in a hospital or institution,
State give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(If deceased a
U. S. War Veteran,
if so specify WAR)

2 FULL NAME Katherine Pitts (Slavin)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

a Residence No. 494 Shirley St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 8 days. In place of residence 8 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 9 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 1 1960, to July 9 1960
last saw her alive on July 9 1960, death is said to
have occurred on the date stated above, at 4:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary embolus

INTERVAL
BETWEEN
ONSET AND
DEATH
hours

Due To (b) Thrombosis left iliac vein days

Due To (c) puerperal phlegmon days

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles L. Gray, M.D. M. D.

Charles L. Gray, M.D.
Asst. Dir., Mass. Gen. Hosp.
(Address) Date 19.

6 South Cemetery Wilton N.H.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 12 1960

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed July 11 1960 8867
(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 Newman Pitts
(Husband's name in full)

11 IF STILLBORN, enter that fact here

12 AGE 71 Years 4 Months 6 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. 001-26-9703

16 BIRTHPLACE (City) Newport
(State or country) Rhode Island

17 NAME OF FATHER John Slavin

18 BIRTHPLACE OF FATHER (City) Unable to Obtain
(State or country)

19 MAIDEN NAME OF MOTHER Mary A Martin

20 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:

Mary Cunniff

(Signature of Agent of Board of Health or other)

8867 7 11 60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV 21 1960 AM

The Commonwealth of Massachusetts

OUT-OF-TOWN

208

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



JOSEPH D. WARD
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. 07127

No. 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 Katherine F. Carney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a U. S. War Veteran,
if so specify WAR) WW I

(a) Residence. No. 100 Upland Road
(Usual place of abode)

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... life... months... days.

INSTRUCTIONS
FOR
LOCAL CERTIFICATE

In giving
OF DEATH

to not enter
more than one
use for each
(b) and (c)

does not mean
ade of dying,
is heart failure,
a, etc. It means
cause, or compli-
which caused

itions, if any,
h gave rise to
e cause (a),
r the under-
cause last.

ditions contrib-
a death but not
to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
he cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

Examiner
nes jurid-
on.

2 1960

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 12 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 12, 1960, to July 12, 1960

death is said to
have occurred on the date stated above, at 8:50 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) 1. Aneurysm of ascending
aorta with rupture into

Due To esophagus and massive
(b) gastro-intestinal hemorrhage, hours

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? YES
What test confirmed diagnosis? Autopsy & Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Richard G. Frost M. D.

RICHARD G. FROST
(PRINT OR TYPE SIGNATURE)

(Address) VAH Boston, Mass. Date July 12 1960

6 Holy Cross Cemetery, Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 15 1960

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St. Winthrop, Mass.

Received and filed July 15 1960

(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 John F. Carney (deceased)
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 1 Months 20 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER William Saddler

18 BIRTHPLACE OF FATHER (City)

(State or country) Ireland

19 MAIDEN NAME OF MOTHER Nora O'Brien

20 BIRTHPLACE OF MOTHER (City) Boston

(State or country) Mass.

21 Informant VAH Records, 150 S. Huntington Ave
(Address) Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Jacqueline Carney
(Signature of Agent of Board of Health or other)

EB8918 July 13, 1960
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles A. Mackie

City Registrar

RECEIVED



NOV - 2 1960 AM

RM R-301A

PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD
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

07658

Registered No.

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Michael F. GUY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR) WWII

(a) Residence. No. 51 Pebble Ave.
(Usual place of abode)

Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 6 days. In place of residence Life years months days.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
(b) and (c)

does not mean
mode of dying,
is heart failure,
a, etc. It means
cause, or compli-
cations which caused

itions, if any,
h gave rise to
cause (a),
g the under-
cause last.

nditions contrib-
o death but not
to the terminal
condition given

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 29 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
July 23 1960 to July 29 1960

death is said to
have occurred on the date stated above, at 3:30P

INTERVAL
BETWEEN
ONSET AND
DEATH
days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) 1. Septicemia due to staph aureus

Due To 2. Laennec's cirrhosis, fatty
(b) nutritional

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Clinical & Lab Findings

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sumner Stone, M. D.
SUMNER STONER

(Address) VAH, Boston, Mass. Date July 29 1960

6 St. Mary's Cemetery, No. Attleboro, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 1 1960

7 NAME OF FUNERAL DIRECTOR De Blois Funeral Home
ADDRESS 107 Church St., No. Attleboro, Mass.

Received and filed AUG 2 1960
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (with the word)
MARRIED MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Frances GUY Dunham
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years 6 Months 3 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Ground Service Man (Aviation)
(Kind of work done during most of working life)

14 Industry or Business: Aviation

15 Social Security No.
16 BIRTHPLACE (City) W. Rutland
(State or country) Vermont

17 NAME OF FATHER John GUY

18 BIRTHPLACE OF FATHER (City)
(State or country) Poland

19 MAIDEN NAME OF MOTHER Ann Cnbl.

20 BIRTHPLACE OF MOTHER (City)
(State or country) Poland

21 Informant Frances GUY (wife) 51 Pebble Ave.
(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:
David Miller Notary
(Signature of Agent of Board of Health or other)

910417 7/27/60
(Official Designation) (Date of Issue of Permit)

IV 2 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 2 1960 AM

PLACE OF DEATH

SUFFOLK

BOSTON

(City or Town)



The Commonwealth of Massachusetts

OUT - OF - TOWN

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.

17835

Massachusetts General Hospital

{(If death occurred in a hospital or institution,
 St. { give its NAME instead of street and number)}

2 FULL NAME WILLIAM B. VERRY

(If deceased 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

4 Waldemar Avenue,

Winthrop, Massachusetts

(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.19.....days. In place of residence.40.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 2, 1960

(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 femurs, bilateral;
 Bronchopneumonia.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 7/19 1960

IF ACCIDENTAL, was injury causally related to the death?

Where did Injury occur? Boston, Massachusetts

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Hospital

(Specify type of place)

Manner of Fall from bed to floor

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.

(Address) BOSTON

Date 8/3 1960

7 Winthrop Cemetery Winthrop

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL August 5, 1960

8 NAME OF FUNERAL DIRECTOR O'Maley Funeral Home

ADDRESS Winthrop Mass

Received and filed AUG 5 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR

11 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Male

White

Widowed

11a If married, widowed, or divorced

HUSBAND of Mary A. Coakley

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE

87

Years Months Days

If under 24 hours

Hours Minutes

14 Usual

Occupation: Retired Salesman

(Kind of work done during most of working life)

15 Industry

or Business: Plumbing Supplies

16 Social Security No.

17 BIRTHPLACE (City)

(State or country)

Boston

Mass

18 NAME OF

FATHER Joseph Verry

PARENTS

19 BIRTHPLACE OF

FATHER (City) Cannot be learned

(State or country)

20 MAIDEN NAME

OF MOTHER McCarthy

21 BIRTHPLACE OF

MOTHER (City) Cannot be learned

(State or country)

22

Informant

(Address)

Catherine Verry

4 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:

Norma T. Mac Donnell
 (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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 20, requires physicians to insert a recital to that effect.

35M-11-59-976662

2 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 2 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.

211

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 07849

No. Veterans Administration Hospital xx (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Gerald Diamond
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U.S. War Veteran, Korean
if so specify WAR)(a) Residence. No. 34 Hawthorne Ave
(Usual place of abode)xx Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 5 months 29 days. In place of residence Life months 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
ase, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause lost.ditions contrib-
death but not
to the terminal
condition given

m. S.

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
ificates, and
e 48, Acts of
quires Physi-
print or type
uler signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 3 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Feb. 5 1960 to August 3 1960death is said to
have occurred on the date stated above, at 1:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia, bilateral
daysDue To Adenocarcinoma os sigmoid Colon
(b) with extension to abdominal wall

Due To & metcstases to liver

(c)

INTERVAL
BETWEEN
ONSET AND
DEATH
daysOTHER
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) Richard B. Gibson, M.D.

Dr. Richard Gibson
(PRINT OR TYPE SIGNATURE)

(Address) VAH Boston, Mass. Date Aug. 4 1960

6 Sharon Memorial Park, Sharon, Mass
(City or Town)

DATE OF BURIAL August 5 1960

7 NAME OF FUNERAL DIRECTOR Levine

ADDRESS 470 Harvard St Brookline, Mass.

Received and filed AUG 8 1960

(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.

12 AGE 29 Years 9 Months 10 Days If under 24 hours
Hours Minutes13 Usual Occupation: Free Lance Vocalist
(Kind of work done during most of working life)14 Industry Music
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Everett
(State or country) Mass

17 NAME OF FATHER Harry Diamond

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Safie Dreibond

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Miriam Gaynor
(Address) 34 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)

910505
(Official Designation)8/4/60
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 2 1960 AM

The Commonwealth of Massachusetts

OUT - OF - TOWN

PLACE OF DEATH

SUFFOLK
(County)BOSTON
(City or Town)JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 17865

212

No. NEW ENGLAND DEACONESS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MRS. AGNES E. LARKIN (ABBOTT) (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. 34 THORNTON PARK St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 19 days. In place of residence 50 years months days.

INSTRUCTIONS
FOR
CERTIFICATEn living
E OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
ode of dying,
heart failure,
etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition given

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUGUST 5 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
JULY 17, 1960, to AUGUST 5, 19601 last saw her alive on AUGUST 4, 1960, death is said to
have occurred on the date stated above, at 4:38 AM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction
Heart diseaseDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? ECG

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Robert E. Brownlee M.D.

(PRINT OR TYPE SIGNATURE)

(Address) Brookline Date 5 Aug. 1960

6 Place of Burial, Cremation, or other disposal of body
DATE OF BURIAL Aug. 8, 1960 (City or Town)

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 18 Northrop St. Wintthrop

Received and filed 19

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 A. Walter Larkin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Fryburg, Maine
(State or country)

17 NAME OF FATHER Owen Abbott

18 BIRTHPLACE OF FATHER (City) Maine
(State or country)

19 MAIDEN NAME OF MOTHER Harriet Riley

20 BIRTHPLACE OF MOTHER (City) Brownfield
(State or country) Maine21 Informant (Address) Mrs. Daniel H. Stevens
20 T. 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 or Board of Health or other)

9270 8-5-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 2 1960 AM

R-301A

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



JOSEPH D WARD
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.

08025

No. LEMUEL SHATTUCK HOSPITAL

{(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)}

2 FULL NAME EVELYN M. CONE (Baumeister)

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. 63 Harbor View Road
(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 12 days. In place of residence 46 years 10 months 20 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 8 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
July 27 1960 to August 8 1960

I last saw her alive on August 8 1960 death is said to
have occurred on the date stated above, at 3:35 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic Carcinoma to
Brain

INTERVAL
BETWEEN
ONSET AND
DEATH
weeks

Due To Adenocarcinoma of bowel
(b) or carcinoma of ovary

mos.

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS Pneumonia

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) Sumner Frank, M. D.

(PRINT OR TYPE SIGNATURE)
(Address) 170 Morton St. J. P. Date 8-8-60

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug. 11 1960

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed AUG 12 1960
A. Thacker (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

Charles B Cone

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 46 10 20
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) Winthrop
(State or country) Mass.

17 NAME OF FATHER Fred A Baumeister

18 BIRTHPLACE OF FATHER (City) Somerville

(State or country) Mass.

19 MAIDEN NAME OF MOTHER Elizabeth Knox

20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass.

21 Informant Charles B Cone
(Address) 63 Harbor View 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:

Miss Patricia Vaughan per
(Signature of Agent of Board of Health or other)

E 9310 Aug. 12 1960
(Official Designation) (Date of Issuance of Permit)

INSTRUCTIONS
FOR
CERTIFICATE

GIVING
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
the, or compli-
which caused

ms, if any,
have rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
the terminal
dition given

Chapter 137,
95A, requires
to print or
cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

V 2 1960

59-925686

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 2 1960 AM

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

DN-3-96-922197

PLACE OF DEATH

suffolk

suffolk

(County)

Boston

(City or Town)

No. Mass. Gen. L Hosp

Hans Froelich

2 FULL NAME. (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Beacon St

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR

White

5 SINGLE (write the word)

MARRIED
WIDOWED SINGLE
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 17 Years 7 Months 0 Days If less than 1 day Hours Minutes

9 Usual Occupation: Gas Station

10 Industry or Business: Service Station

11 Social Security No. None

12 BIRTHPLACE (City) Germany

(State or country)

13 NAME OF FATHER Arnold Froelich

14 BIRTHPLACE OF FATHER (City) stalk

(State or country) Germany

15 MAIDEN NAME OF MOTHER Gertrude Ernst

16 BIRTHPLACE OF MOTHER (City) German

(State or country)

17 Informant 26 Beacon St Relation, if any

(Address) Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



OUT - OF - TOWN 214

To be filed for burial permit with Board of Health or its Agent.

Registered No. 08140

Ward (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)

Winthrop, Mass

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Aug 13 1960

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fractured Jaw
Crushed larynx
Massive Hemorrhage
Aspiration

Automobile Accident
Winthrop, Mass.

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

Aug 12, 1960

(Signed) George W. Carter M. D.

(Address) 25 Shattuck Ave Date Aug 1960

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery) (City or town)

DATE OF BURIAL Aug. 16 1960

22 NAME OF UNDERTAKER Florence W. Kirby

ADDRESS 25 Shattuck Ave Winthrop

Received and filed AUG 16 1960

Charles A. Mackie

(Registrar)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV - 2 1960 AM

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for 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.

35M-11-59-926662

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. 215

No. Hermon Street, Winthrop

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME CHARLES H. LASKEY, JR.

(If deceased 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. 271 Chelsea Street,
(Usual place of abode)

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 1, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Asphyxia due to hanging.

5 Accident, suicide, or homicide (specify) Suicide
Date and hour of injury 10/1 19 60

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? Police headquarters.
(Specify type of place)

Manner of injury Suspension by strip of blanket.
(How did injury occur?)

Nature of injury et.

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 10/1 19 60

7 Woodlawn Cemetery Everett
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL October 4, 19 60

8 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed Oct 3 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX male 10 COLOR white 11 SINGLE (write the word) MARRIED single WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 19 Years.....Months.....Days 14 IF under 24 hours Hours.....Minutes

14 Usual Occupation: Unemployed
(Kind of work done during most of working life)

15 Industry or Business: *****

16 Social Security No. unknown

17 BIRTHPLACE (City) Boston
(State or country) Mass.

18 NAME OF FATHER Charles Laskey

19 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

20 MAIDEN NAME OF MOTHER Helen DeFeo

21 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

22 Informant Charles Laskey (father)
(A) 719 Hale St., Beverly Farms, 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

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.)"

M R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 17 Winthrop Street

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. 216

(If death occurred in a hospital or institution,
St. } give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Mary (Vincent) Milan
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 17 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 25 years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates, and
48, Acts of
quires Physi-
print or type
nder signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 3 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
August 1960, to October 3, 1960.
I last saw her alive on October 2, 1960, death is said to
have occurred on the date stated above, at 5:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Pancreas

INTERVAL
BETWEEN
ONSET AND
DEATH

3 months

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Operative and pathological

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Charles Liberman M. D.
CHARLES LIBERMAN(PRINT OR TYPE SIGNATURE)
(Address) WINTHROP, MASS. Date Oct 3 19606 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct 5 19607 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed OCT 4 1960

(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 Matthew Milan
(Husband's name in full)11 IF STILLBORN, enter that fact here.
12 AGE 55 Years 6 Months 18 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. 012-28-3844

16 BIRTHPLACE (City) Newton
(State or country) Mass

17 NAME OF FATHER Charles Vincent

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Lillian

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Matthew Milan
(Address) 17 Winthrop 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)

(Official Designation)

(Date of Issue of Permit)

1-6-59-925686

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

MR-301A

INSTRUCTIONS
FOR
VITAL CERTIFICATE

in giving
OF DEATH

not enter
e than one
se for each
, (b) and (c)

does not mean
ode of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.
m.s.

ditions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

504-11-56-918978

PLACE OF DEATH

1 **SUFFOLK**
(County)

Winthrop
(City or Town)

No. **Mounts Pleasant Home**

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **217**

(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 **Oscar Jensen**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **104 Highland Ave.** St. **Winthrop, Mass**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **1** years **5** months **4** days. In place of residence **1** years **5** months **4** days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH October 4, 1960 (Month) (Day) (Year) 4 I HEREBY CERTIFY, That I attended deceased from May, 1959 to Oct. 4, 1960 I last saw him alive on Oct. 3, 1960, death is said to have occurred on the date stated above, at 8 A.M. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia terminal Due To (b) Cerebral Vascular Accid Due To (c) Arteriosclerosis Gen. OTHER SIGNIFICANT CONDITIONS Abter. Heart Disease Was autopsy performed? _____ What test confirmed diagnosis? _____ 5 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) Joseph Gregorie, M. D. (Address) 194 Washington St. Date 10-4 1960 6 FAIRVIEW CEMETERY HYDE PARK Place of Burial or Cremation (City or Town) DATE OF BURIAL NOV 2, 1960 7 NAME OF FUNERAL DIRECTOR ALFRED D. THOMAS ADDRESS 4 FREMONT ST. MATTAPAN Received and filed November 2, 1960 (Registrar)	8 SEX M 9 COLOR W 10 SINGLE (write the word) MARRIED Widowed or DIVORCED 10a If married, widowed, or divorced HUSBAND of EDITH (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full) 11 IF STILLBORN, enter that fact here. 12 AGE 78 Years _____ Months _____ Days _____ If under 24 hours _____ Hours _____ Minutes _____ 13 Usual Occupation: ? (Kind of work done during most of working life) 14 Industry or Business: _____ 15 Social Security No. _____ 16 BIRTHPLACE (City) (State or country) NORWAY 17 NAME OF FATHER JENS OLSEN 18 BIRTHPLACE OF FATHER (City) (State or country) NORWAY 19 MAIDEN NAME OF MOTHER KAREN 20 BIRTHPLACE OF MOTHER (City) (State or country) NORWAY 21 Informant WELFARE DEPARTMENT (Address) 43 HAWKINS ST. BOSTON I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Joseph E. Gregorie (Signature of Agent of Board of Health or other) Theresa (Official Designation) (Date of Issue of Permit) 11/2/60		

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-teen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until, he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is made.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **218**

No. **Winthrop Community Hosp.** St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Ellen C. Bowes** (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. **887 Shirley St.** St. **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **21** years **50** months **50** days. In place of residence **50** years **50** months **50** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **October 7 1960**
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from **1955** to **Oct 7, 1960**
I last saw he/she alive on **Oct 7, 1960**, death is said to have occurred on the date stated above, at **1:40 P.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Arteriosclerotic Heart Disease**

INTERVAL
BETWEEN
ONSET AND
DEATH
5 yrs

Due To (b) _____

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS **Anemia, Hypochromic & mos**

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.
(PRINT OR TYPE SIGNATURE)

(Address) **Winthrop, Mass.** Date **10/7/1960**

6 **Forest Hills** **Boston**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **Oct. 10** 19 **60**

7 NAME OF FUNERAL DIRECTOR **Howard S Reynolds**
ADDRESS **Winthrop, Mass.**

Received and filed **OCT 10 1960** 19 **60**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** 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 **88** Years **0** Months **7** 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) **Halifax**
(State or country) **Nova Scotia**

17 NAME OF FATHER **George Bowes**

18 BIRTHPLACE OF FATHER (City) **Halifax**
(State or country) **Nova Scotia**

19 MAIDEN NAME OF MOTHER **Ellen Turner**

20 BIRTHPLACE OF MOTHER (City) **Halifax**
(State or country) **Nova Scotia**

21 Informant (Address) **Arthur Bowes**
100 Terrace Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
L CERTIFICATE

giving
OF DEATH

not enter
than one
e for each
(b) and (c)

does not mean
de of dying,
heart failure,
etc. It means
ise, or compli-
which caused

ions, if any,
give rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
o the terminal
condition given

MA S.

Chapter 137,
1954, requires
ans to print or
ne cause or
of death on
rtificates, and
48, Acts of
quires Physi-
print or type
der signature.

RECEIVED

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....



OCT 10 1960 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.

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, (1, L.))

25M-4-59-925100

PLACE OF DEATH

MIDDLESEX

(County)

STONEHAM

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STONEHAM

(City or town making return)

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 219

No. Tennis Court-Pomeworth

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Willis George Carsley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

II

(a) Residence. No. 65 Sargent

(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 October 8, 1960
(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.)

Heart Disease-presumably coronary
sclerosis - Sudden Death

5 Accident, suicide, or homicide (specify) No

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? No Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas P. Devlin M. D.
(Address) Stoneham, Mass. Date 10/8/ 1960

7 Winthrop Cemetery Winthrop, Mass.

Place of Burial, or Cremation (City or Town)

DATE OF BURIAL October 11, 1960 19.....

8 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed OCT 11 1960 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR 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 49 3 24
AGE Years Months Days If under 24 hours
Hours Minutes14 Usual Occupation: Retired Accountant
(Kind of work done during most of working life)

15 Industry or Business: Bethlehem Steel Co.

16 Social Security No. 011-03-2384

17 BIRTHPLACE (City) Winthrop
(State or country) Mass.

18 NAME OF FATHER Willis Elwood Carsley

19 BIRTHPLACE OF FATHER (City) Harrison
(State or country) Maine

20 MAIDEN NAME OF MOTHER Ida Louise Phillips

21 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass.22 Informant Geraldine Carsley
(Address) 262 Adams St. No. AbingtonA TRUE COPY
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED October 10 1960

RECEIVED



SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

February 28, 1941

DATE OF DISCHARGE

September 27, 1943

RANK, RATING

Corporal

ORGANIZATION AND OUTFIT

4th Service Command

SERVICE NUMBER

31018452



SUFFOLK

(County)

Winthrop

(City or Town)

CERTIFICATE OF FETAL DEATH

(STILLBIRTH)

Registered No. 220

PLACE OF DELIVERY

No. Winthrop Community Hospital

St. } (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 NAME OF FETUS
(if given)3 DATE OF DELIVERY 10/11/60
(Month) (Day) (Year)4 SEX ☒ Male ☐ Female ☐ Undetermined

5 COLOR (if determined) W

6 THIS BIRTH (Check one)
Single ☒ Twin ☐ Triplet7 IF MULTIPLE BIRTH, BORN:
1st. 2nd. 3rd.

FATHER

8 FULL NAME

John Riccio

MOTHER

14 MAIDEN NAME Edith Purciello

PRESENT NAME Edith Riccio

9 RESIDENCE, NO. 6 Leahaven Terr. STREET
CITY OR TOWN S. Braintree, STATE Mass.15 RESIDENCE, NO. 6 Leahaven Terr. STREET
CITY OR TOWN S. Braintree, STATE Mass.

10 COLOR OR RACE B 11 AGE AT TIME OF THIS DELIVERY 38 (Years)

16 COLOR OR RACE W 17 AGE AT TIME OF THIS DELIVERY 37 (Years)

12 PLACE OF BIRTH Boston, Mass.
(City or Town) (State or country)18 PLACE OF BIRTH Boston, Mass.
(City or Town) (State or country)

13 OCCUPATION School Teacher

19 INFORMANT Mother

20 PREVIOUS DELIVERIES TO MOTHER
(Do not include this fetus)

(a) How many children are now living? 1

(b) How many children were born alive but are now dead? 0

(c) How many previous fetal deaths of ANY gestation age? 0

21 LENGTH OF PREGNANCY
30 completed weeks22 WEIGHT OF FETUS
4 Lb. 14 Oz.
(or Grams)23 WHEN DID FETUS DIE?
Before Labor ☒ During Labor ☐ or Delivery ☐ Unknown ☐24 AUTOPSY
Yes ☐ No ☒

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

26 Place of Burial or Cremation (City or Town)

DATE OF BURIAL 19

27 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed 19

(Registrar)

A TRUE COPY ATTEST:

I HEREBY CERTIFY that this delivery occurred on the date stated above at 8:35 P.M., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:

John D. Laterella M.D.

(PRINT OR TYPE SIGNATURE)

Address 305 Chelsea St E.B. Date 10/11/60
Mass

I HEREBY CERTIFY that a satisfactory certificate of fetal 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
CAUSE OF
FETAL DEATHdo not enter
more than one
cause for each
of (a), (b)
and (c)fetal or maternal
condition causing
fetal death (do
not use such
terms as stillbirth
or prematurity.)fetal and/or maternal
conditions,
any, which gave
rise to above
cause (a), stating
the underlying
cause last. →→
conditions of fetus
or mother which
may have contrib-
uted to fetal
death, but, in so
far as is known,
are not related
to cause given
(a).

FETAL DEATH

EXTRACTS OF CERTAIN SECTIONS OF CHAPTER 46 AS AMENDED OR ADDED BY CHAPTER 48.
ACTS OF 1960.

Section 2A. "Examination of records and returns of illegitimate births, or abnormal sex births, or fetal deaths, . . . shall not be permitted except . . .".

Section 9A. When a child is born dead, after a period of gestation of not less than twenty weeks, and in the fetus there is no attempt at respiration, no action of heart and no movement of voluntary muscle, the physician or officer attending at the birth of such child shall forthwith furnish for registration, at the request of an undertaker or other authorized person or of any member of the family of the deceased, a certificate of fetal death on a form which shall be prepared by the secretary of state as required by section sixteen. Town clerks shall record certificates of fetal death in the town register of deaths in the same manner as a death certificate, but they shall not be required to record such certificates in the town register of births.

Section 12. ". . . No birth record of a child born out of wedlock or of a child of abnormal sex, and no record of fetal death shall so be transmitted to any other city or town."

Section 24. In any statement of births, deaths and fetal deaths printed by a town the name of an illegitimate child or of its parents or of the parents of a child born dead shall not be printed, but the word "illegitimate" or "fetal death" shall be used in place thereof. A town violating this section shall forfeit to the mother of such child not more than one hundred dollars.

FETAL DEATH

RECEIVED

EXTRACTS OF CERTAIN SECTIONS OF CHAPTER 46 AS AMENDED OR ADDED BY CHAPTER 48.
ACTS OF 1960.

Section 2A. "Examination of records and returns of illegitimate births, or abnormal sex births, or fetal deaths, . . . shall not be permitted except . . ."

Section 9A. When a child is born dead, after a period of gestation of not less than twenty weeks, and in the fetus there is no attempt at respiration, no action of heart and no movement of voluntary muscle, the physician or officer attending at the birth of such child shall forthwith furnish for registration, at the request of an undertaker or other authorized person or of any member of the family of the deceased, a certificate of fetal death on a form which shall be prepared by the secretary of state as required by section sixteen. Town clerks shall record certificates of fetal death in the town register of deaths in the same manner as a death certificate, but they shall not be required to record such certificates in the town register of births.

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PLACE OF DELIVERY

Suffolk
(County)Winthrop
(City or Town)

1

No. Winthrop Community Hospital

St. }

(If death occurred in a hospital or institute give its NAME instead of street and number)

2 NAME OF FETUS Baby Boy Riccio
(if given)3 DATE OF DELIVERY Oct. 11 1960
(Month) (Day)

4 SEX * Male * Female... Undetermined....

5 COLOR (if determined) W

6 THIS BIRTH (Check one) Single... Twin... Triplet

7 IF MULTIPLE BIRTH, BC 1st 2nd 3rd

FATHER

8 FULL NAME John Riccio

MOTHER

14 MAIDEN NAME Edith(Riccio) Purciello

PRESENT NAME Edith Riccio

9 RESIDENCE, NO. 6 Leahaven Terrace
CITY OR TOWN South Braintree STATE Mass15 RESIDENCE, NO. 6 Leahaven Terrace
CITY OR TOWN South Braintree STATE Mass

10 COLOR OR RACE White

11 AGE AT TIME OF THIS DELIVERY 35 (Years)

16 COLOR OR RACE White

17 AGE AT TIME OF THIS DELIVERY 33 (Years)

12 PLACE OF BIRTH Boston Mass
(City or Town) (State or country)18 PLACE OF BIRTH Boston Mass.
(City or Town) (State or country)

13 OCCUPATION School Teacher

19 INFORMANT John Riccio (father)

20 PREVIOUS DELIVERIES TO MOTHER
(Do not include this fetus)

(a) How many children are now living?

(b) How many children were born alive but are now dead?

(c) How many previous deaths of ANY ges age?

21 LENGTH OF PREGNANCY completed weeks

22 WEIGHT OF FETUS Lb. Oz.
(or Grams)

23 WHEN DID FETUS DIE? Before Labor... During Labor or Delivery... Unknown.

24 AUTOPSY Yes... No...

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

26 Holy Cross Cemetery Malden, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 14 19 60

27 NAME OF FUNERAL DIRECTOR Anthony P. Rapino
ADDRESS 9 Chelsea St. East Boston, Mass

Received and filed OCT 13 1960 19

(Registrar)

A TRUE COPY ATTEST:

(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCERTIFICATE OF FETAL DEATH
(STILLBIRTH)To be filed for burial permit
Board of Health or its Agent.In giving
CAUSE OF
FETAL DEATHdo not enter
more than one
cause for each
of (a), (b)
and (c)Fetal or maternal
condition causing
fetal death (do
not use such
terms as stillbirth
or prematurity.)Fetal and/or maternal
conditions,
if any, which gave
rise to above
cause (a), stating
the underlying
cause last. →→
Conditions of fetus
or mother which
may have contrib-
uted to fetal
death, but, in so
far as is known,
were not related
to cause given
in (a).I HEREBY CERTIFY that this delivery occurred on the date
above at 8:00 m., and product of conception was not a live

Signature of Attending Physician or Medical Examiner:

John D. Latorella M.D.
(PRINT OR TYPE SIGNATURE)

Address 305 Chelsea St. E.B. Date 11-13

I HEREBY CERTIFY that a satisfactory certificate of fetal
was filed with me BEFORE the burial or transit permit was

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
ise, 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
ns to print or
e cause or
of death on
rtificates, and
48, Acts of
quires Physi-
print or type
der signature.

1. S.

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. 221

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Josephine M. Fay (Viveiros)

(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. 207 Pleasant St. Winthrop
(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... 4 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCT 14 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JAN 38 to OCT 14, 1960I last saw her alive on 10 9 1960, death is said to
have occurred on the date stated above, at 555 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE PULMONARY EDEMA

INTERVAL
BETWEEN
ONSET AND
DEATH
12 hrs.Due To (b) HYPERTENSIVE & ATERO-
SCLEROTIC HEART DIS.

5 YRS

Due To (c)

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS
CHRONIC BRONCHITIS2 YRS
5 YRS

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron N. King, M. D.

MYRON N. KING M.D.
(PRINT OR TYPE SIGNATURE)(Address) 222 PLEASANT ST. Date 10/14 1960
WINTHROP6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 17th 1960

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby, Inc.

ADDRESS 17 Bennington St., E. Boston

Received and filed OCT 17 1960

(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 Bernard Fay
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 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) Boston
(State or country) Massachusetts

17 NAME OF FATHER Manuel Viveiros

18 BIRTHPLACE OF FATHER (City) Azores
(State or country) Portugal

19 MAIDEN NAME OF MOTHER Anna Vieria

20 BIRTHPLACE OF MOTHER (City) Azores
(State or country) Portugal21 Informant Mrs. Margaret Heeck-sister
(Address) 90 Florida St., DorchesterI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health, or other)

(Official Designation) (Date of Issue of Permit) 10/17/60

JURISDICTION
MEDICAL EXAMINER DECLINED

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....
.....

RECEIVED



RULES OF PRACTICE

OCT 1 7 1960 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 poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

Does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

itions contrib-
death but not
the terminal
condition given

Chapter 137,
954, requires
ns to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
er signature.

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. 222

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. WINTHROP COMMUNITY HOSPITAL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME ARTHUR S TEWKSBURY
(If deceased is a married, widowed or divorced woman, give also maiden name.)
PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 52 Waldemar Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death. years 15 months 88 days. In place of residence. years 5 months 26 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 15 1960
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from
Oct. 1 1960 to October 15 1960
I last saw him alive on October 15, 1960, death is said to
have occurred on the date stated above, at 9:45 PM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Left Cerebral Hemorrhage
with right Hemiplegia

Due To Generalized and Cerebral
(b) Arterio-sclerosis

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Arterio-sclerotic
heart disease

Was autopsy performed? No

What test confirmed diagnosis? Clinical and Lab.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. Traunstein Jr., M.D.

M. Traunstein Jr., M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 73 Bartlett Rd. Date Oct. 15, 60

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct. 18 1960

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop, Mass.

Received and filed OCT 17 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED Widowed

10a If married, widowed or divorced
HUSBAND of Florence Aikens
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 5 Months 26 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Superintendent buildings
(Kind of work done during most of working life)

14 Industry or Business: School Retired

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER John Tewksbury

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass

19 MAIDEN NAME OF MOTHER Caroline Banks

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

21 Informant Arthur S Tewksbury Jr.
(Address) 447 Main St. Lyndfield 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) 10/17/60

RECEIVED

SPACE FOR ADDITIONAL INFORMATION.....
DATE OF ENTERING MILITARY SERVICE.....
DATE OF DISCHARGE.....
RANK, RATING.....
ORGANIZATION AND OUTFIT.....
SERVICE NUMBER.....

OCT 17 1960 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

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

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. 223

{(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 Philip Boudrow

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Franklin St.,
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
e for each
, (b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, 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
ins to print or
ne cause or
st of death on
rtificates, and
t 48, Acts of
quires Physi-
print or type
der signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCT 16 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JAN 1950, to OCT 16 1960
I last saw him alive on Oct 16 1960, death is said to
have occurred on the date stated above, at 11:20 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE POSTERIOR MYOCARDIAL
INFARCTIONINTERVAL
BETWEEN
ONSET AND
DEATH

4 DAYS

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS NONEWas autopsy performed? No
What test confirmed diagnosis? CLINICAL & EKG5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Myron N. King, M.D.
MYRON N. KING M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 22 Pleasant St. Date 10/16 1960

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 19 1960

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.
ADDRESS 917 Bennington St. E.B.

Received and filed OCT 17 1960

(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 Alice E. Forshner
(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 9 Months 3 Days If under 24 hours
Hours Minutes13 Usual Occupation: Sheet Metal Worker
(Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No.

16 BIRTHPLACE (City) New Jersey Trenton
(State or country)

17 NAME OF FATHER Philip J. Boudrow

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Jane Boudrow

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Mrs. Alice Boudrow
(Address) 24 Franklin 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 10/17/60
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION.....

RECEIVED

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....



OCT 17 1960 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.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital



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. 221

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME. Thomas A. Gildea
(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. 114 Winthrop Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....4.....days. In place of residence.....years.....months.....25.....days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ise, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition given

N S.

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 17, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
August 7, 1960 to Oct. 17, 1960
I last saw him alive on Oct. 17, 1960, death is said to
have occurred on the date stated above, at 11:32 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular Occlusion 10 days

Due to Cerebral arteriosclerosis 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) Charles Liberman, M. D.
CHARLES LIBERMAN
(PRINT OR TYPE SIGNATURE)(Address) Winthrop, Mass. Date 10/17/1960
Winthrop Winthrop6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct 20 19607 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St, Winthrop

Received and filed OCT 19 1960 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 Wolffsohn
(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 11 Months 15 Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Post Office Clerk
(Kind of work done during most of working life)14 Industry or Business: U.S. MAIL Retired
028-03-1745

15 Social Security No. Boston

16 BIRTHPLACE (City) Mass
(State or country)

17 NAME OF FATHER James Gildea

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Tierney

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs Elizabeth Gildea
(Address) 114 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) 10/19/60

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. 225

PLACE OF DEATH

No.

(City or Town)

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

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)

(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.

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition given

N. C.

Chapter 137,
1954, requires
ans to print or
e cause or
of death on
rtificates, and
t 48, Acts of
quires Physi-
print or type
der signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHOCT 21 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

AGE 15, 1960, to OCT 21, 1960

I last saw h.l. alive on OCT 21, 1960, death is said to
have occurred on the date stated above, at 10:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY OCCLUSION

Due To GENERAL ARTERIO-SCLEROSIS

(b)

Due To

(c)

OTHER

SIGNIFICANT
CONDITIONS

ERYTHEMA MULTIFORME

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

MYRON N. KING M.D.

M. D.

(Address)

221 FREDERICK ST. Date 10/21/60

6 Place of Burial or Cremation

DATE OF BURIAL October 21 1960

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed October 21 1960

PERSONAL AND STATISTICAL PARTICULARS

8. SEX

9. COLOR

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED10a If married, widowed or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 96 Years 3 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.....
.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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
DEATH CERTIFICATEIn giving
OF DEATHnot enter
than one
for each
(b) and (c)ions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
ne cause or
of death on
rtificates, and
48, Acts of
quires Physi-
print or type
der signature.

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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 226

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Grace (Carlton) Harden

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
(if so specify WAR)(a) Residence. No. 142 Winthrop St
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... 5 days. In place of residence... 27 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 10 23 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from Feb. 1959 to Oct. 23, 1960.
I last saw her alive on Oct. 23, 1960, death is said to have occurred on the date stated above, at 2:45 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH
3 yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Breast (left)

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

None.

Was autopsy performed? No
What test confirmed diagnosis Clinical & pathological5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Charles Liberman M. D.
CHARLES LIBERMAN
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop, Mass. Date 10/23/1960

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct. 25 19607 NAME OF FUNERAL DIRECTOR Howard B Reynolds
ADDRESS Winthrop Mass

Received and filed OCT 25 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Albert A Harden
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 2 Months 15 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. 029-10-5549

16 BIRTHPLACE (City) Lowell Mass
(State or country) MASS

17 NAME OF FATHER Orin Carlton

18 BIRTHPLACE OF FATHER (City) Pelham
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Louise

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Marjorie Foulkes
(Address) G. body, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

H. C. Foulkes
(Signature of Agent of Board of Health or other)H. C. Foulkes 10-25-60
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

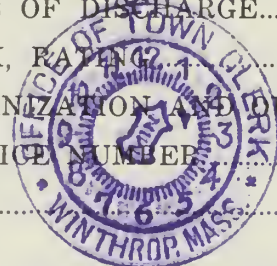
DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....



OCT 25 1960 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.

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 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
ans to print or
ne cause or
of death on
ificates, and
48, Acts of
quires Physi-
der or type
der signature.

m.c.

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. 227

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

Marion SNOW (Foss)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no

(a) Residence. No.

95 Summit Ave.

St.

Winthrop, Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Oct.

29

1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 1958, to Oct. 23

19.60

I last saw her alive on Oct. 23, 19.60, death is said to
have occurred on the date stated above, at 1:28 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) myocardial heart
disease

Due To

(b) arteriosclerosis gen

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?

If so, specify

(Signed)

Joseph Gregoire

M. D.

JOSEPH GREGOIRE
(PRINT OR TYPE SIGNATURE)

(Address) 194 Washington St. Date 10-24-1960

6

Franklin Farmington, N.H.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

October 27, 1960

7 NAME OF

FUNERAL DIRECTOR

ADDRESS 100 Highland Ave. Som.

Received and filed

OCT 25 1960

19

(Registrar)

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

Marion W. Snow
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 78 Years 10 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.

16 BIRTHPLACE (City)
(State or country)Farmington
Maine

PARENTS

17 NAME OF
FATHER

Fred M. Foss

18 BIRTHPLACE OF
FATHER (City)

CNBCL

(State or country)

Maine

19 MAIDEN NAME
OF MOTHER

Edith CNBCL

20 BIRTHPLACE OF
MOTHER (City)

CNBCL

(State or country)

Maine

21

Informant

(Address)

Charles N. Tozier
30 Fenwick St. Som.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

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 of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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, G. L.)

25M-2-58-922072

X
PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Cambridge
(City or Town making this return)COPY OF
CERTIFICATE OF DEATH

Registered No. 1613

No. Cambridge City Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John McLean

(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.

44 Pleasant Pk. Rd.

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

October 25, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 11, 1960 to Oct. 25, 1960

I last saw him alive on Oct. 25, 1960, death is said to

have occurred on the date stated above, at 11:23AM.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Thrombosis

Due To

(b) Arteriosclerotic Heart Disease

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

no

Was autopsy performed?

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lorenzo Ameriso

M. D.

(Address) Camb. City Hosp. Date Oct. 25, 1960

Mt. Auburn Cem. Cambridge

6 Place of Burial or Cremation Oct. 27, (City or Town) 60

DATE OF BURIAL

19

7 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

Winthrop, Mass.

ADDRESS

Received and filed

NOV 3 1960

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

dowed

10a If married, widowed or divorced

HUSBAND of Jean Harris

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 78

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Laborer

(Kind of work done during most of working life)

14 Industry

or Business:

Cemetery

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Scotland

17 NAME OF
FATHER

Daniel McLean

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Scotland

19 MAIDEN NAME

OF MOTHER

Margaret McBurnie

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Scotland

21

Informant

(Address)

Isabella McLean

Winthrop, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Oct. 26, 1960

RECEIVED



NOV - 3 1960 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.

Suffolk

(County)

Winthrop

(City or Town)

No. WINTHROP COMMUNITY HOSPITAL

STANDARD CERTIFICATE OF DEATH

Registered No. 229

((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 Lydia Mancuso (De Giacomo)

((If deceased is a married, widowed or divorced woman, give also maiden name.))

(a) Residence. No. 158 Main

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 4 years. 4 months. 4 days. In place of residence. 15 years. 15 months. 15 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 10 28 60
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from May 19 58, to Oct 28 19 60

I last saw her alive on Oct 23 19 60, death is said to have occurred on the date stated above, at 7:28 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary occlusion
myocardial

Due To (b) Myocardial Heart Disease

Due To (c) arteriosclerosis - gen.

OTHER SIGNIFICANT CONDITIONS Hypertension essential

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph P. Gregoire M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 194 Cochichewick St Winthrop

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Oct 31 19 60

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St Winthrop

Received and filed 10-27-60 19 60

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

(or) WIFE of Joseph Mancuso (Give maiden name of wife in full) (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 5 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. 034-18-1960

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER Joseph De Giacomo

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Rose Seminara

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Joseph Mancuso (Address) 158 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 of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/29/60

(Registrar)

SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING.....
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....

RECEIVED



RULES OF PRACTICE

OCT 31 1960 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 poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

MR-301A

PLACE OF DEATH
SUFFOLK
 (County)
WINTHROP
 (City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

To be filed for burial permit
 with Board of Health
 or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **239**

No. **271 SHIRLEY ST**
 2 FULL NAME **JAMES PHILLIPS**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT
 (Was deceased a U. S. War Veteran, if so specify WAR) **NO**

(a) Residence. No. **271 SHIRLEY ST** St. _____
 (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.

INSTRUCTIONS
 FOR
 FILLING OUT
 THIS
 CERTIFICATE

1. In giving
 information
 on this
 certificate

2. Do not enter
 more than one
 cause for each
 item, (b) and (c)

3. Does not mean
 mode of dying,
 as heart failure,
 etc. It means
 cause, or compli-
 cation which caused

4. Conditions, if any,
 gave rise to
 cause (a),
 or the under-
 cause last.

5. Conditions contrib-
 uted to death but not
 to the terminal
 condition given

6. Chapter 137,
 of 1954, requires
 physicians to print or
 initials the cause or
 cause of death on
 certificates.

MEDICAL CERTIFICATE OF DEATH	
3 DATE OF DEATH	OCT 31 1960 (Month) (Day) (Year)
4 I HEREBY CERTIFY That I attended deceased from May 1952 to OCT 31 1960 I last saw him alive on OCT 31 1960 , death is said to have occurred on the date stated above, at 11:45 A.M.	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Pneumonia (terminal)	2 days
(b) Due To Cerebrovascular accident	1 week
(c) Due To arteriosclerosis generalized	40
OTHER SIGNIFICANT CONDITIONS	

PERSONAL AND STATISTICAL PARTICULARS		
8 SEX	9 COLOR	10 SINGLE (write the word) MARRIED
MALE	WHITE	WIDOWED
10a If married, widowed or divorced HUSBAND of MARY ANNE OSBORNE (Give maiden name of wife in full)		
(or) WIFE of _____ (Husband's name in full)		
11 IF STILLBORN, enter that fact here.		
12 AGE 80 Years _____ Months _____ Days _____	If under 24 hours _____ Hours _____ Minutes	
13 Usual Occupation: WATCHMAN RETIRED (Kind of work done during most of working life)		
14 Industry or Business: WATER FRONT DOCKS		
15 Social Security No. 010-03-4166		
16 BIRTHPLACE (City) BOSTON (State or country) MASS		
PARENTS	17 NAME OF FATHER JAMES PHILLIPS	
	18 BIRTHPLACE OF FATHER (City) IRELAND (State or country)	
	19 MAIDEN NAME OF MOTHER ISABEL O'NEIL	
	20 BIRTHPLACE OF MOTHER (City) CANADA (State or country)	

Was autopsy performed? _____
 What test confirmed diagnosis? **no**
 5 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) **Joseph S. Spence**, M. D.
 (Address) **194 Washington St** Date **11-2-1960**
SAINT JOSEPH'S **BOSTON**
 Place of Burial or Cremation (City or Town)
 DATE OF BURIAL **NOV 3 1960**
 7 NAME OF FUNERAL DIRECTOR **MAURICE W. KIRBY**
 ADDRESS **WINTHROP**
 Received and filed **NOV 2 1960** 19 _____

21 Informant **MRS JAMES PHILLIPS**
 (Address) **271 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:
John C. McLaughlin
 (Signature of Agent of Board of Health or other)
State Police **11/2/60**
 (Official Designation) (Date of Issue of Permit)

50M-5-56-917573

(Registrar)

V.I.V

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



FORM R-301A

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
CAUSE OF DEATHdo not enter
more than one
cause for each
of (a), (b) and (c)This does not mean
mode of dying,
such as heart failure,
thrombosis, etc. It means
the disease, or complica-
tions which caused
death.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.Conditions contrib-
uting to death but not
related to the terminal
cause given
(a).Note:- Chapter 137,
Acts of 1954, requires
physicians to print or
type the cause or
uses of death on
death certificates, and
Chapter 48, Acts of
1949, requires Physi-
cians to print or type
name under signature.

NOV 30 1960

SON-11-59-926662

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.

08530

Registered No.

PLACE OF DEATH

SUFFOLK
(County)BOSTON, MASS.
(City or Town)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 Ada Foster { (Was deceased a
(If deceased is a married, widowed or divorced woman, give also maiden name.) U. S. War Veteran,
if so specify WAR)(a) Residence. No. 44 Sea Foam Ave. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 5 years 5 months 5 days. In place of residence 5 years 5 months 5 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 27, 1960.
(Month) (Day) (Year)We HEREBY CERTIFY, That He attended deceased from
Aug. 22, 1960, to Aug. 27, 1960
last saw He alive on Aug. 27, 1960. death is said to
have occurred on the date stated above, at 3:53 P.m.DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Coronary Insufficiency -
Myocardial Infarction(b) Due To Arteriosclerotic Heart Disease Years 21(c) Due To Arteriosclerotic Heart DiseaseOTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Yes
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?
If so, specify None(Signed) Dr. Saul A. Rosenberg M.D.
DR. SAUL A. ROSENBERG
(PRINT OR TYPE SIGNATURE)
PETER BENT BRIGHAM HOSP Date Aug. 27, 19606 Sharon Mem Park Sharon Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 28th 19607 NAME OF FUNERAL DIRECTOR Morris Breznia
470 Harvard Street Bkln Mass.
ADDRESSReceived and filed AUG 30 1960 1960Charles A. MacKer
(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 Joseph Foster
(Give maiden name of wife in full)
(or) WIFE of Joseph Foster
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 72 Months 72 Days 72 Hours 72 Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry or Business: at home15 Social Security No. none16 BIRTHPLACE (City) Russia
(State or country)17 NAME OF FATHER Abraham Berg18 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 Warren Foster
(Address) 19 Larch Cir. Belmont Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Sup. P. C. 10934
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Aug 28 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV 30 1960 AM

FORM R-301A

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.

PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)



STANDARD
CERTIFICATE OF DEATH

Registered No. 08799

No. Beth Israel Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Hendricks, Dona

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No. 5 Waverly Ave., Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....11 days. In place of residence.....5 years.....months.....days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

his does not mean
mode of dying,
as heart failure,
renal, etc. It means
disease, or compli-
cations which caused
th.

conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

Conditions contrib-
ing to death but not
led to the terminal
ase condition given
(a).

ote:- Chapter 137,
of 1954, requires
physicians to print or
the cause or
es of death on
h certificates, and
ter 48, Acts of
requires Physi-
to print or type
under signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 3 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Aug 23, 1960 to Sept 3, 1960

I last saw her alive on Sept 3, 1960, death is said to
have occurred on the date stated above, at 2:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

INTERVAL
BETWEEN
ONSET AND
DEATH
11 days

Due To (b) coronary occlusion

Due To (c)

OTHER SIGNIFICANT CONDITIONS Shock

30 min

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) Arnold J. Kroll, M. D.

Arnold J. Kroll, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) 330 Brookline Ave Date Sept 3, 1960

6 Beth David Boston Elmton, L.I.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 6, 1960

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St, Dorchester

Received and filed

Charles H. Mackie
(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 Morris Hendricks

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. NONE

16 BIRTHPLACE (City) New York City, N.Y.
(State or country)

17 NAME OF FATHER Isaac Kirschbaum

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Sarah-Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Morris Hendricks
(Address) 5 Wave Way Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Edw. J. Callahan Jr.
(Signature of Agent of Board of Health or other)

A11098
(Official Designation)

Sept 19, 1960
(Date of Issue of Permit)

OV 30 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV 30 1960 AM

INSTRUCTIONS
FOR
VITAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)is does not mean
mode of dying,
as heart failure,
mia, etc. It means
disease, or compli-
cations which caused
death.Conditions, if any,
which gave rise to
above cause (a),
including the under-
lying cause last.Conditions contrib-
uting to death but not
leading to the terminal
condition given
(b).Chapter 137,
of 1954, requires
physicians to print or
type the cause or
causes of death on
certificates, and
after 48, Acts of
Physi-
cians to print or type
under signature.

NOV 30 1960

The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 08804

PLACE OF DEATH

SUFFOLK

(County)

ROXBURY

(City or Town)

No. JEWISH MEMORIAL HOSPITAL (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME PAULINE SWETT
(If deceased is a married, widowed or divorced woman, give also maiden name.)
MOORE Street,
(a) Residence. No. 50 MOORE 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.PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) no.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPTEMBER 3 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
8-8-1960, to 9-3-1960, 1960I last saw him alive on 9-3-1960 death is said to
have occurred on the date stated above, at 12:20 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF DESCENDING
COLON WITH METASTASES 1 YEAR

(b) Due To

(c) Due To

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS YEARS

Was autopsy performed? YES
What test confirmed diagnosis? CLINICAL, AUTOPSY5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signature) DANIEL HASSID, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 420 Harvard Street, Brookline, Mass. Date 9-9-1960

6 David Vicur Choulm (Lebanon) ROXBURY

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 14, 1960

7 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon

ADDRESS 420 Harvard Street, Brookline.

Received and filed SEP 3 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCE married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Charles Swett
(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: Athlete

15 Social Security No. 1-111-1111

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Jacob Elpert

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Esther (unknown)

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Florence Basch
(Address) 36 Quobeguin Road, Waban, 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)

A11088 September 3, 1960
(Official Designation) (Date of Issue of Permit)

A TRUE COPY AFFIX:

Charles H. Mackie

City Registrar

RECEIVED



NOV 30 1960 AM

PLACE OF DEATH

SUFFOLK
(County)BRIGHTON
(City or Town)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. 118861

No. St. Elizabeth's Hospital St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME FILIPPA (PARDO) LAZZARA
(If deceased 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. 91 WALDEMAR AVENUE St. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)Length of stay: In place of death... years ... months 3 days. In place of residence... years ... months ... days.INSTRUCTIONS
FOR
AL CERTIFICATEn RIVING
E OF DEATHnot enter
re than one
e for each
, (b) and (c)does not mean
ode of dying,
heart failure,
etc. It means
case, or compli-
which causeditions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
to death but not
to the terminal
condition givenChapter 137,
1954, requires
ians to print or
the cause or
of death on
certificates, and
of 48. Acts of
requires Physi-
o print or type
nder signature.

OV 30 1960

1-6-59-925686

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPTEMBER 5 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
9/2, 1960 to 9/5, 1960
I last saw her alive on 9/5, 1960, death is said to
have occurred on the date stated above, at 11:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS
& POSTERIOR MYOCARDIAL INFARCT 3 DAYSDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSCEREBRAL EMBOLUS 8 DAYSWas 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) Martin J. Metia M. D.MARTIN J. METIA M.D.
(PRINT OR TYPE SIGNATURE)(Address) St. Elizabeth's Date 9/5 19606 St. Michael Cemetery, Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sept. 8, 19607 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano
ADDRESS 147 Winthrop St., WinthropReceived and filed SEP 8 1960 19Charles H. ... (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED Widow
or DIVORCED10a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of Salvatore Lazzara
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 7 Months 14 Days
If under 24 hours _____ Hours _____ Minutes13 Usual Occupation: Stitcher (retired)
(Kind of work done during most of working life)14 Industry or Business: Garment15 Social Security No. 011-03-623416 BIRTHPLACE (City) Italy
(State or country)17 NAME OF FATHER Angelo Pardo18 BIRTHPLACE OF FATHER (City) Italy
(State or country)19 MAIDEN NAME OF MOTHER Maria Nicosia20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Mrs. Mary Rinella
(Address) 91 Waldemar Ave, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Edward W. Callahan Jr.
(Signature of Agent of Board of Health or other)A11183 Sept 6, 1960
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV 30 1960 AM

FORM R-301A

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)is does not mean
mode of dying,
as heart failure,
mia, etc. It means
disease, or compli-
cations which caused
death.Conditions, if any,
which gave rise to
over cause (a),
listing the under-
lying cause last.Conditions contrib-
uting to death but not
due to the terminal
condition given
(b).e: Chapter 137,
of 1954, requires
physicians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
cians to print or type
under signature.

OCT 30 1960

5-11-59-926662

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. 08940

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. New England Centre Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Augustus Christopher

(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 Main Street, Winthrop, Mass. St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 8 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 7, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
August 17, 1960, to September 7, 1960I last saw him alive on September 7, 1960, death is said to
have occurred on the date stated above, at 5:30 AM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH

10 days

Due To
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS Right Parietal Brain
TUMOR 11 months

Was autopsy performed? NO

What test confirmed diagnosis? X-RAY CULTURE

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Garrett J. Gillispie, M. D.
GARRETT J. GILLISPIE, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) NE Center Hosp. Date 9/7/60 19

6 St Michaels Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 9, 1960

7 NAME OF FUNERAL DIRECTOR Anthony P. Rapino

ADDRESS 9 Cheyver St E.B.

Received and filed SEP 13 1960 19

Charles H. Mackay

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED

male white

10a If married, widowed or divorced
HUSBAND of Catherine Arno
(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 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Cab Driver
(Kind of work done during most of working life)

14 Industry or Business: Town Cab Co.

15 Social Security No. unknown

16 BIRTHPLACE (City) Boston
(State or country)

17 NAME OF FATHER Americo Christopher

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Ursula Pastore

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Catherine Christopher
(Address) 46 Main St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Catherine A. Vaughan
(Signature of Agent of Board of Health or other)9888 9-8-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATT ST:

Charles H. Mackie

City Registrar

RECEIVED



NOV 30 1960 AM

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 36, §§ 4, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-46.

If deceased was a U. S. War Veteran, G.L. Chap. 10, Section 10, requires physicians to insert a recital to that effect.

35M-11-59-926062

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. 119022

No. Massachusetts General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CALLON CASH
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) Korean

(a) Residence. No. 35 Charles Street
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 8 1960
(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.)

Blunt injury of head with fracture of skull, cerebral contusion and laceration & subdural hematoma.

5 Accident, suicide, or homicide (specify) Presumably accidental
Date and hour of injury 9/5/60 19

IF ACCIDENTAL, was injury causally related to the death? Yes

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?

Manner of injury Presumably in accidental fall
(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.

(Address) Boston, Mass Date 9/9 1960

7 Winthrop Cemetery Winthrop
Place of Burial, or Cremation, (City or Town)

DATE OF BURIAL Sept 12 1960

8 NAME OF FUNERAL DIRECTOR Arthur J. Smyth
ADDRESS 1960

Received and filed Charles H. Macke
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR White 11 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

11a If married, widowed or divorced, HUSBAND of Patricia McCollom
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 41 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: Mechanic
(Kind of work done during most of working life)

15 Industry or Business: Wiggins Airlines

16 Social Security No.

17 BIRTHPLACE (City) Boston Mass
(State or country)

18 NAME OF FATHER Daniel Cash

19 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

20 MAIDEN NAME OF MOTHER Margaret MacDonald

21 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

22 Informant Patricia Cash
(Address) 35 Charles St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
David M. Van Nostrand Jr.
(Signature of Agent of Board of Health or other)

A-11582 9-11-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV 30 1960 AM

THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 487

No. Soldiers' Home Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Andrew Anthony Lagorio (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran. WWI if so specify WAR.)

(a) Residence, No. 172 Somerset Ave. / Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death - years - months 62 days. In place of residence 7 years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 8, 1960 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 8 1960 to Sept. 8 1960 I last saw him alive on Sept. 8 1960, death is said to have occurred on the date stated above, at 3:10p m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarction hrs.

(b) Due To Coronary artery thrombosis hrs.

(c) Due To Arteriosclerosis yrs.

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus. Gangrene left toes

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) Ned Better M. D.

(Address) Soldiers' Home Date 9/8/60

6 Winthrop Cem., Winthrop, Mass.

Place of Burial or Cremation Sept. 12, 1960 (City or Town)

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Porcella Fun. Home
ADDRESS 10 N. Bennett St., Boston,

Received and filed 11-23-60

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed or divorced HUSBAND of Margaret E. 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 63 4 13 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Pressman (Kind of work done during most of working life)

14 Industry or Business: Newspaper

15 Social Security No.

16 BIRTHPLACE (City) Boston, Mass. (State or country)

17 NAME OF FATHER Joseph

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Thoresa Zager

20 BIRTHPLACE OF MOTHER (City) Boston, Mass. (State or country)

21 Informant Soldiers' Home, Medical Records, Chelsea, Mass. (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sept. 9, 1960

237

RECEIVED



SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE 4/23/18 NOV 23 1980 AM

DATE OF DISCHARGE 6/17/19

RANK, RATING PFC

ORGANIZATION AND OUTFIT Ft. Sill Okla., School of Fire Det.

SERVICE NUMBER 364715

.....

FORM R-301A

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
CAUSE OF DEATHdo not enter
more than one
cause for each
of (a), (b) and (c)This does not mean
the mode of dying, such
as heart failure, ashenia,
etc. It means the disease,
or complications which
caused death.Morbid conditions,
if any, giving rise to the
above cause (a) stating
the underlying cause
last.Conditions contrib-
uting to the death but not
related to the disease or
condition causing death.Note:- Chapter 137,
Acts of 1954, requires
Physicians to print or
type the cause or causes
of death on death
certificates

DOM-5-55-915025

NOV 30 1960

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

19151

Registered No.

PLACE OF DEATH

SUFFOLK
(County)BOSTON
(City or Town)STANDARD
CERTIFICATE OF DEATH

No. COPLEY HOSPITAL INC.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME ⁴ Catina MARIJE BONCORE
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no(a) Residence, No. 39 Grover St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 13 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug. 23 1960 to Sept. 13 1960I last saw her alive on Sept. 13 1960 death is said to
have occurred on the date stated above, at 10:20 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) GENERAL ARTERIOSCLEROSIS
WITH HEART DISEASEINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To MULTIPLE CEREBRAL
CEDENT (b) THROMBOSIS
CAUSES

MOS.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? MYRON ROSENTHAL M.D.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Woodlawn Cemetery Everett

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 16, 1960

7 NAME OF FUNERAL DIRECTOR Vincent Kapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed SEP 19 1960

Charles A. Mackie (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 Angelo Boncore
(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: housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. unknown

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Philip DeBilio

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Grace (unknown)

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Joseph Boncore (son)
(Address) 3 Centennial Ave., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Robert Leon 11/13/60
(Signature of Agent of Board of Health or other)(Official Designation) Sept. 13, 1960
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



NOV 30 1960 AM

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON -
THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

30-M-9-59-926111

OV 16 1960

PLACE OF DEATH

The Commonwealth of Massachusetts
JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
WINTHROP
(City or Town making this return)
1
WASHINGTON, D. C.
(City or Town)
COPY OF
CERTIFICATE OF DEATH
Registered No. 239
No. WALTER REED GENERAL HOSPITAL
Washington, D. C.
2 FULL NAME. ARTHUR FRANCIS McDONALD
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Date of Death: September 21, 1960)
(a) Residence. No. 102 Loring Road
(Usual place of abode)
(If deceased occurred in a hospital or institution, give its NAME instead of street and number)
(Was deceased a U. S. War Veteran, if so, give WAR.)
(If nonresident, give city or town and State)

DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH
1. PLACE OF DEATH
Washington, D. C. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Walter Reed General Hospital, Washington, D C LENGTH OF STAY IN Washington, D. C. Hospital 8 days
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Massachusetts b. COUNTY Suffolk c. CITY, TOWN, OR LOCATION Wintthrop
d. STREET ADDRESS 102 Loring Road e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ f. IS RESIDENCE ON A FARM? YES ☐ NO ☒
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Francis McDONALD 4. DATE OF DEATH September 21 1960
5. SEX Male 6. COLOR OR RACE Caucasian 7. MARRIED ☐ NEVER MARRIED ☐ 8. DATE OF BIRTH 12 December 1903 9. AGE (In years last birthday) 56 10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Soldier - retired 11. BIRTHPLACE (State or foreign country) Massachusetts 12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph McDonald 13b. MOTHER'S MAIDEN NAME Elizabeth Murphy 14. NAME OF SURVIVING SPOUSE -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) 1926 - 1949 16. SOCIAL SECURITY NO. unk 17. INFORMANT Josephine McMullin - sister RELATIONSHIP TO DECEASED
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peritonitis
DUE TO (b) Perforated duodenal stump, following sub-total
DUE TO (c) gastrectomy for duodenal ulcers
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (s. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 13 Sept 1960 to 21 Sept 1960 and last saw him alive on 21 Sept 60
Death occurred at 1:33 AM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE M. D. 22b. ADDRESS Walter Reed General Hospital, Washington, D C 22c. DATE 21 Sept 60
23a. BURIAL CREMATION REMOVAL 23b. DATE 9/23/60 23c. NAME OF CEMETERY OR CREMATORY Arlington Natl 23d. LOCATION (City, town, or county) (State) Arlington, Va.
24. FUNERAL HOME W.W. Chambers & Son, Inc. 24b. ADDRESS 1400 Chapin St. N.W. 25. UNDERTAKER'S SIGNATURE R.E. Tolson 25b. UNDERTAKER'S REGISTRATION NUMBER 32

CULARS
(write the word)
D
CED
life in full)
full)
unle hours
Minutes
of living life)
de occurred)
19

SPACE FOR ADDITIONAL INFORMATION
DATE OF ENTERING MILITARY SERVICE
DATE OF DISCHARGE
RANK, RATING
ORGANIZATION AND OUTFIT
SERVICE NUMBER
.....

INSTRUCTIONS
FOR
VITAL CERTIFICATE

IN GIVING
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

does not mean
mode of dying,
heart failure,
etc. It means
cause, or compli-
which caused

itions, if any,
h gave rise to
e cause (a),
g the under-
cause last.

ditions contrib-
to death but not
to the terminal
condition given

Chapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature.

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. 240

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Nellie Lucy Bacon (If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 30 Willow Avenue St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 6 months 6 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 2 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I deceased from FEB 19 20 to NOV 2 1960
I last saw her alive on NOV 1 1960, death is said to have occurred on the date stated above, at 4:30 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO PNEUMONIA

Due To (b) CEREBRAL HEMORRHAGE 37 DAYS

Due To (c) HYPERTENSION 4 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) 175 PLEASANT ST Date NOV 3 1960

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 4, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 4 1960

(Registrar)

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 87 Years 1 Months 19 Days If under 24 hours Hours Minutes

13 Usual Occupation: house work (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Ravenna (State or country) Ohio

17 NAME OF FATHER James Bacon

18 BIRTHPLACE OF FATHER (City) Charlestown (State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Electa Sanders

20 BIRTHPLACE OF MOTHER (City) Wellsboro (State or country) Pennsylvania

21 Informant (Address) Howard Bacon 400 Cole Avenue, Providence

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.....

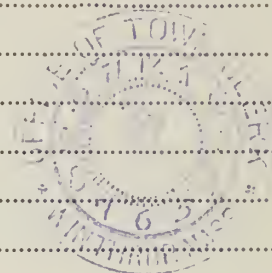
RANK, RATING

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RECEIVED



NOV - 4 1960 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.

MR-301A

INSTRUCTIONS
FOR
VITAL CERTIFICATEIn giving
OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, 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
ans to print or
he cause or
of death on
certificates.- Comm Springfield
11-14-60

50M-1-58-921876

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 39 Grovers Ave.

2 FULL NAME

Leon L Nelson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

39 Grovers Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

November

4

1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 7

1953

to November 4

1960

I last saw him alive on November 4, 1960, death is said to

have occurred on the date stated above, at 3:50 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic heart disease

7 yrs

Due To

(b)

Generalized arteriosclerosis

10 yrs

Due To

(c)

OTHER

SIGNIFICANT
CONDITIONSBenign prostatic hyper-
trophy

3 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. Traugott, Jr.

M. D.

(Address)

73 Bartlett Road

Date Nov. 5

1960

6

Riverside G.F.H.
Place of Burial or Cremation

Lewiston, Maine

(City or Town)

DATE OF BURIAL

Nov. 7,

1960

7 NAME OF

FUNERAL DIRECTOR

Howard S Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

241

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

Evangeline Getchell

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 87 Years 4 Months 24 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Cook

(Kind of work done during most of working life)

14 Industry

or Business:

Club

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Berwick

Maine

17 NAME OF

FATHER

Alonzo E Nelson

18 BIRTHPLACE OF

FATHER (City)

Newburyport

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Minnie Parker

20 BIRTHPLACE OF

MOTHER (City)

Berwick

(State or country)

Maine

21

Informant

Theodore Springall

(Address) 350 Winthrop 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. Seacarne
(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

702.5-1960

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 from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RM R-301A

INSTRUCTIONS
FOR
CERTIFICATE

In giving
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
disease, or compli-
s which caused

ditions, if any,
ch gave rise to
ve cause (a),
ing the under-
g cause last.

Conditions contrib-
to death but not
d to the terminal
condition given

Chapter 137,
of 1954, requires
physicians to print or
the cause or
s of death on
certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature.

OM-11-59-926662

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.

PLACE OF DEATH

SUFFOLK

(County)

Winthrop

(City or Town)

No. Win. Comm. Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No. 242

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Ralph Robert Lippens

(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. 198 Faywood 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.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 7, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/7/60

19

to

11/7

19

60

I last saw him alive on 11/7, 1960, death is said to
have occurred on the date stated above, at 11 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Atelecstasis, (congenital)

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical Test

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis E. Schenck, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 17 Beacon St. No. 2, 1960

6 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 9, 1960

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed NOV. 8, 1960

(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.

12 AGE.....Years.....Months.....Days If under 24 hours
1 Hours.....Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

17 NAME OF FATHER Peter Lippens

18 BIRTHPLACE OF FATHER (City) Evanston
(State or country) Ill.

19 MAIDEN NAME OF MOTHER Rita Camerlengo

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Peter Lippens
(Address) 198 Faywood 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:

(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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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
VITAL CERTIFICATE

IN GIVING
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

does not mean
code of dying,
s heart failure,
s, etc. It means
ease, or compli-
which caused

itions, if any,
h gave rise to
e cause (a),
g the under-
cause last.

ditions contrib-
o death but not
to the terminal
condition given

te:- Chapter 137,
of 1954, requires
icians to print or
the cause or
es of death on
a certificates, and
ter 48, Acts of
requires Physi-
s to print or type
under signature.

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.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 142 Pleasant St.



STANDARD CERTIFICATE OF DEATH

Registered No.

243

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Katherine MacKinnon

(First Name)

(Middle Name)

(Last Name)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No.

556 Shirley St.

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....16 days. In place of residence.....years.....months.....50 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

November 10, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

8/24, 1959, to Nov 10, 1960

I last saw her alive on Nov 9, 1960, death is said to

have occurred on the date stated above, at 10:50 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH
2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular accident

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(PRINT OR TYPE SIGNATURE)

(Address)

Date

1960

6 Winthrop Cemetery

Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

November 14, 1960

7 NAME OF
FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS

Winthrop Mass

Received and filed

NOV 14 1960

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 67

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:

Dress Maker

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Cape Breton

Nova Scotia

17 NAME OF
FATHER

Dougal MacKinnon

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Cape Breton

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Margaret MacEachern

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Cape Breton

Nova Scotia

21

Informant

(Address)

Isabelle MacKinnon

556 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)

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

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCERTIFICATE OF FETAL DEATH
(STILLBIRTH)To be filed for burial permit with
Board of Health or its Agent.

PLACE OF DELIVERY

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Winthrop Community

St. } (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 241

2 NAME OF FETUS Baby girl Reynolds

(if given)

3 DATE OF DELIVERY Nov 11 1960
(Month) (Day) (Year)

4 SEX Male Female Undetermined

5 COLOR (if determined) W

6 THIS BIRTH (Check one)
Single Twin Triplet7 IF MULTIPLE BIRTH, BORN:
1st 2nd 3rd

FATHER

8 FULL NAME

John J. Reynolds

9 RESIDENCE, NO. 110 Constitution Ave STREET
CITY OR TOWN Revere 48 STATE Mass

10 COLOR OR RACE W 11 AGE AT TIME OF THIS DELIVERY 43 (Years)

12 PLACE OF BIRTH Somerville Mass
(City or Town) (State or country)

13 OCCUPATION Clerk

MOTHER

14 MAIDEN NAME Marianna Peralta
PRESENT NAME Marianna M. Reynolds15 RESIDENCE, NO. 110 Constitution Ave STREET
CITY OR TOWN Revere STATE Mass

16 COLOR OR RACE W 17 AGE AT TIME OF THIS DELIVERY 32 (Years)

18 PLACE OF BIRTH Swampscott Mass
(City or Town) (State or country)

19 INFORMANT Husband

20 PREVIOUS DELIVERIES TO MOTHER
(Do not include this fetus) 2

(a) How many children are now living? 2

(b) How many children were born alive but are now dead? 0

(c) How many previous fetal deaths of ANY gestation age? 0

21 LENGTH OF PREGNANCY 48 completed weeks

22 WEIGHT OF FETUS 8 Lb. 14 Oz.
(or Grams)

23 WHEN DID FETUS DIE? Before Labor During Labor or Delivery Unknown

24 AUTOPSY Yes No

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pressure of lower on symphysis

Due To (b) Breech presentation

Due To (c)

OTHER SIGNIFICANT CONDITIONS

none

26 Holy Cross Cemetery MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 14 1960

27 NAME OF FUNERAL DIRECTOR William J. Killian
ADDRESS Sprague St Revere

Received and filed NOV 14 1960

(Registrar)

A TRUE COPY ATTEST:

I HEREBY CERTIFY that this delivery occurred on the date stated above at A.L. 1 m., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:

A Paul Derhagopian M.D.
A Paul DERHAGOPIAN
(PRINT OR TYPE SIGNATURE)

Address 39 CARY ANCHALSEA Date 11-11-1960

I HEREBY CERTIFY that a satisfactory certificate of fetal death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Luccombe
(Signature of Agent of Board of Health or other)Seal of Office 11/14/60
(Official Designation) (Date of Issue of Permit)In giving
CAUSE OF
FETAL DEATHdo not enter
more than one
cause for each
of (a), (b)
and (c)et al or maternal
condition causing
fetal death (do
not use such
terms as stillbirth
prematurity.)et al and/or mal-
rinal conditions,
any, which gave
rise to above
cause (a), stating
the underlying
cause last. →onditions of fetus
mother which
ay have contrib-
uted to fetal
death, but, in so
far as is known,
are not related
to cause given
(a).

RECEIVED

FETAL DEATH

EXTRACTS OF CERTAIN SECTIONS OF CHAPTER 46 AS AMENDED OR ADDED BY CHAPTER 48,
ACTS OF 1960.

Section 2A. "Examination of records and returns of illegitimate births, or abnormal sex births, or fetal deaths, . . . shall not be permitted except . . .".

Section 9A. When a child is born dead, after a period of gestation of not less than twenty weeks, and in the fetus there is no attempt at respiration, no action of heart and no movement of voluntary muscle, the physician or officer attending at the birth of such child shall forthwith furnish for registration, at the request of an undertaker or other authorized person or of any member of the family of the deceased, a certificate of fetal death on a form which shall be prepared by the secretary of state as required by section sixteen. Town clerks shall record certificates of fetal death in the town register of deaths in the same manner as a death certificate, but they shall not be required to record such certificates in the town register of births.

Section 12. ". . . No birth record of a child born out of wedlock or of a child of abnormal sex, and no record of fetal death shall so be transmitted to any other city or town."

Section 24. In any statement of births, deaths and fetal deaths printed by a town the name of an illegitimate child or of its parents or of the parents of a child born dead shall not be printed, but the word "illegitimate" or "fetal death" shall be used in place thereof. A town violating this section shall forfeit to the mother of such child not more than one hundred dollars.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

Do not enter
more than one
cause for each
a), (b) and (c)

Does not mean
mode of dying,
as heart failure,
etc. It means
disease, or compli-
cations which caused

Conditions, if any,
which gave rise to
the cause (a),
including the under-
lying cause last.

Conditions contrib-
uting to death but not
leading to the terminal
condition given

Chapter 137,
of 1954, requires
physicians to print or
the cause or
of death on
certificates, and
ter 48, Acts of
requires Physi-
cians to print or type
under signature.

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. 245

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 79 Revere St

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Thomas Scarpas
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 79 Revere St
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 12 years.....months.....days. In place of residence 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 12 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19....., to 19.....

I last saw him alive on 19....., death is said to
have occurred on the date stated above, at 1:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To Presumably Coronary
(b) Occlusion

Sudden
death

OTHER
SIGNIFICANT
CONDITIONS None

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. Murray M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 100 Waldemar Ave, Nov 12, 1960
Winthrop Board of Health

6 Winthrop Winthrop Mass
Place of Burial or Cremation Nov 15 (City or Town)
DATE OF BURIAL 1960

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St, Winthrop

Received and filed NOV 14 1960

(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 Helen Alkides
(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 9 Months 7 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Restaurant Manager
(Kind of work done during most of working life)

14 Industry or Business: Food

15 Social Security No.

16 BIRTHPLACE (City) Greece
(State or country)

17 NAME OF FATHER Arthur Scarpas

18 BIRTHPLACE OF FATHER (City) Greece
(State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Greece
(State or country)

21 Informant Mrs Thomas Scarpas
(Address) 79 Revere 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) 11/14/60

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.

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
se for each
, (b) and (c)does not mean
ode of dying,
heart failure,
etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
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, and
er 48, Acts of
requires Physi-
to print or type
under signature.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 41 Washington Ave.

BAY VIEW NURSING HOME

2 FULL NAME Theresa Fogel

(First Name)

(Middle Name)

(Last Name)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

19 Frawley St

St.

Roxbury Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 8 years 5 months days. In place of residence 80 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 16 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from
June 18, 1957, to November 16, 1960I last saw her alive on November 15, 1960, death is said to
have occurred on the date stated above, at 5:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia rt. lung

INTERVAL
BETWEEN
ONSET AND
DEATH
2 wksDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Arteriosclerotic heart
disease 3 yrs

Was autopsy performed? no

What test confirmed diagnosis? clinical and laboratory

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) M. Traunstein Jr., M. D.

M. Traunstein Jr., M. D.
(PRINT OR TYPE SIGNATURE)(Address) 73 Bartlett Rd. Date Nov. 16, 1960
Winthrop, Mass.6 New Calvary Boston, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 18 1960

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed NOV 17 1960 19

(Registrar)

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.

246

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

St.

Roxbury Mass

(If nonresident, give city or town and State)

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 90

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

At Home

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

None

16 BIRTHPLACE (City)

Boston

(State or country)

Mass

17 NAME OF
FATHER

Adam Fogel

18 BIRTHPLACE OF

FATHER (City)

Cannot be learned

(State or country)

19 MAIDEN NAME

OF MOTHER

Josephine

20 BIRTHPLACE OF

MOTHER (City)

Cannot be learned

(State or country)

21

Informant
(Address)

Frank Gorman

Atty

19 Floyd St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(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.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
le of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

50M-5-56-917573

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **247**

PLACE OF DEATH

1

W. F. Ffolk
(County)
Winthrop
(City or Town)

No. 112 Brookfield Road

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})

2 FULL NAME James F. Reddy
(If deceased 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. 112 Brookfield St. Road
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence 8 years 9 months 18 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 19 60
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/19, 1960, to Nov. 19, 1960

I last saw him alive on Nov. 18, 1960, death is said to

have occurred on the date stated above, at 4 A m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Coronary Thrombosis

Due To (b) Anterior Myocardial Infarction

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS Chronic Nephritis
Hypertension

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 A. Lesser, M. D.

(Address) 324 Commonwealth Ave Date Nov. 21, 1960

6 Place of Burial or Cremation Winthrop (City or Town) Mass

DATE OF BURIAL November 23, 1960

7 NAME OF FUNERAL DIRECTOR Maurice H. Kirby

ADDRESS 210 Winthrop St, Winthrop, Mass

Received and filed Nov. 22, 1960

(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 Margaret Wilkinson
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 60 — — Months — — Days If under 24 hours
AGE Years — — Hours — — Minutes

13 Usual Occupation: Sales men
(Kind of work done during most of working life)

14 Industry or Business: Ramsey supply

15 Social Security No. 022-34-2869

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Thomas J. Reddy

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Joanna Nolan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant James T. Reddy
(Address) 197 Pleasant Park Road, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Joseph E. Serian
(Signature of Agent of Board of Health or other)

Death Officer 11/22/60
(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 asphyxiation) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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
DEATH CERTIFICATE

in giving
OF DEATH

not enter
e than one
se for each
, (b) and (c)

does not mean
ode of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
to death but not
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

50M-5-56-917573

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 248

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 Peckham (Baker)

(If deceased 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 Somerset Ave
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 20 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 31 1960 to Nov. 20 1960
I last saw her alive on Nov. 20 1960, death is said to
have occurred on the date stated above, at 10:25A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Pulmonary Infarction

INTERVAL
BETWEEN
ONSET AND
DEATH

2 Days

Due To (b) Acute Cerebral Infarction
with Right Hemiplegia

3 Wks

Due To (c) Arterio-sclerosis

10 Yr

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Dorothy Cheney Appleton

(Signed) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodside Ave, Winthrop, Mass. Date 11/20 1960

Place of Burial or Cremation Woodlawn Cemetery, Everett
(City or Town)

DATE OF BURIAL November 22, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 22 1960

(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 David Paul Peckham
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 10 Months 5 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) Milwaukee
(State or country) Wisconsin

17 NAME OF FATHER Charles Frank Baker

18 BIRTHPLACE OF FATHER (City) Shoreham
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Inez Van Wormer

20 BIRTHPLACE OF MOTHER (City) Woodville
(State or country) New York

21 Informant Mrs. Henry E. 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)
Healy Bruce 11/22/60
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, but also deaths resulting from abortion, but also deaths from disease resulting from injury or infection relating to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had 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 DELIVERY

SUFFOLK

(County)

Winthrop

(City or Town)

No. Win. Com. Hospital

2 NAME OF FETUS
(if given)

Baby

Cincotti

3 DATE OF DELIVERY

(Month)

(Day)

(Year)

Registered No. 249

St. }

(If death occurred in a hospital or institution, give its NAME instead of street and number)

4 SEX

Male.....Female.....Undetermined X

5 COLOR (if determined)

W

6 THIS BIRTH (Check one)

Single Twin Triplet

7 IF MULTIPLE BIRTH, BORN:

1st 2nd 3rd

FATHER

8 FULL NAME

John Cincotti

MOTHER

14 MAIDEN NAME

Brenda Kelfer

PRESENT NAME

Brenda Cincotti

9 RESIDENCE, NO. 35 Carlson Ave.

CITY OR TOWN Revere,

STATE

STREET Mass.

15 RESIDENCE, NO. 35 Carlson Ave.

CITY OR TOWN Revere,

STATE

STREET Mass.

10 COLOR OR RACE

White

11 AGE AT TIME OF THIS DELIVERY 20

(Years)

16 COLOR OR RACE

White

17 AGE AT TIME OF THIS DELIVERY 20

(Years)

12 PLACE OF BIRTH

Boston, Mass.

(City or Town)

(State or country)

18 PLACE OF BIRTH

Revere, Mass.

(City or Town)

(State or country)

13

OCCUPATION

Clerk

19

INFORMANT

Housewife

20 PREVIOUS DELIVERIES TO MOTHER
(Do not include this fetus)

0

(a) How many children are now living?

0

(b) How many children were born alive but are now dead?

0

(c) How many previous fetal deaths of ANY gestation age?

1

21 LENGTH OF PREGNANCY

21 1/2 completed weeks

22 WEIGHT OF FETUS

(or) Lb. 7 1/2 Oz. Grams

23 WHEN DID FETUS DIE?

Before Labor

During Labor

or Delivery

Unknown.

24 AUTOPSY

Yes

No.

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Intra uterine Anoxia

Due To (b) Premature Separation of Placenta

Due To (c)

OTHER SIGNIFICANT CONDITIONS

26 HOLY CROSS Cemetery, MALDEN

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Nov 23,

1960

27 NAME OF FUNERAL DIRECTOR

John Cincotti + Sons

ADDRESS 7 Cooper St. Boston

Received and filed

NOV 23 1960

19.....

(Registrar)

A TRUE COPY ATTEST:

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH

(STILLBIRTH)

To be filed for burial permit with Board of Health or its Agent.

In giving CAUSE OF FETAL DEATH

do not enter more than one cause for each of (a), (b) and (c)

Fetal or maternal condition causing fetal death (do not use such terms as stillbirth or prematurity.)

Fetal and/or maternal conditions, any, which gave rise to above cause (a), stating the underlying cause last. →

→
Conditions of fetus or mother which may have contributed to fetal death, but, in so far as is known, were not related to cause given (a).

I HEREBY CERTIFY that this delivery occurred on the date stated above at 5:30 p.m., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:

Louis Burke M.D.

Louis Burke

(PRINT OR TYPE SIGNATURE)

Address 1093 Beacon St

Date 11/22/60

I HEREBY CERTIFY that a satisfactory certificate of fetal death was filed with me BEFORE the burial or transit permit was issued:

John P. Gerianni

Signature of Agent of Board of Health or other

Heather Price

(Official Designation)

(Date of Issue of Permit) 11/23/60

RECEIVED

FETAL DEATH

EXTRACTS OF CERTAIN SECTIONS OF CHAPTER 46 AS AMENDED OR ADDED BY CHAPTER 48.
ACTS OF 1960.

Section 2A. "Examination of records and returns of illegitimate births, or abnormal sex births, or fetal deaths, . . . shall not be permitted except . . .

Section 9A. When a child is born dead, after a period of gestation of not less than twenty weeks, and in the fetus there is no attempt at respiration, no action of heart and no movement of voluntary muscle, the physician or officer attending at the birth of such child shall forthwith furnish for registration, at the request of an undertaker or other authorized person or of any member of the family of the deceased, a certificate of fetal death on a form which shall be prepared by the secretary of state as required by section sixteen. Town clerks shall record certificates of fetal death in the town register of deaths in the same manner as a death certificate, but they shall not be required to record such certificates in the town register of births.

Section 12. ". . . No birth record of a child born out of wedlock or of a child of abnormal sex, and no record of fetal death shall so be transmitted to any other city or town."

Section 24. In any statement of births, deaths and fetal deaths printed by a town the name of an illegitimate child or of its parents or of the parents of a child born dead shall not be printed, but the word "illegitimate" or "fetal death" shall be used in place thereof. A town violating this section shall forfeit to the mother of such child not more than one hundred dollars.

3.-THIS IS A
ANENT RECORD.
Use only

TE APPROVED
x ink or black
writer ribbon.

STRUCTIONS
FOR
AL CERTIFICATE

n giving
E OF DEATH

not enter
one than one
se for each
, (b) and (c)

does not mean
ode 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-
death but not
to the terminal
condition given

- Chapter 137,
f 1954, requires
ans to print or
the cause or
of death on
certificates.

HAP. 46, §§ 9 &

HAP. 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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 250

No. Mayflower Nursing Home (If death occurred in a hospital or institution, St. [give its NAME instead of street and number])
2 FULL NAME George William Adams
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 15 Pierce Street St. Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death 15 years 15 months 15 days. In place of residence 15 years 15 months 15 days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH <u>November 23 1960</u> (Month) (Day) (Year)		8 SEX <u>male</u>	9 COLOR <u>white</u>
4 I HEREBY CERTIFY, That I attended deceased from <u>C.C.T.</u> , 19 <u>60</u> , to <u>Nov 23</u> , 19 <u>60</u> . I last saw him alive on <u>November 12, 1960</u> , death is said to have occurred on the date stated above, at <u>6:20 a.m.</u>		10 SINGLE (write the word) <u>MARRIED</u> WIDOWED <u>NOV. 1</u> or DIVORCED	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Nephritis</u>		10a If married, widowed, or divorced HUSBAND of <u>Mary Ann Livingstone</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)	
(b) _____		11 IF STILLBORN, enter that fact here.	
(c) _____		12 AGE <u>48</u> Years <u>6</u> Months <u>26</u> Days If under 24 hours ____ Hours ____ Minutes	
OTHER SIGNIFICANT CONDITIONS <u>UREMIA</u>		13 Usual Occupation: <u>Cabinet maker - Retired</u> (Kind of work done during most of working life)	
Was autopsy performed? <u>No</u>		14 Industry or Business: <u>Furniture</u>	
What test confirmed diagnosis? <u>Clinical</u>		15 Social Security No. _____	
5 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____		16 BIRTHPLACE (City) <u>Falmouth, Mass.</u> (State or country)	
(Signed) <u>Charles Leberneau, M.D.</u>		17 NAME OF FATHER <u>unable to learn</u>	
(Address) <u>Winthrop, Mass.</u> Date <u>11/23/1960</u>		18 BIRTHPLACE OF FATHER (City) _____ (State or country)	
6 <u>Woodlawn Cemetery Everett, Mass.</u> Place of Burial or Cremation (City or Town)		19 MAIDEN NAME OF MOTHER <u>unable to learn</u>	
DATE OF BURIAL <u>November 23 1960</u>		20 BIRTHPLACE OF MOTHER (City) _____ (State or country)	
7 NAME OF FUNERAL DIRECTOR <u>William J. Killion</u> ADDRESS <u>1 Sprague Street Revere</u>		21 Informant <u>Eugene L. Adams</u> (Address) <u>15 Pierce Street Revere</u>	
Received and filed. <u>Nov 25 1960</u>		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Mark E. Lawrence</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> 11/23/60 (Official Designation) (Date of Issue of Permit)	
(Registrar)			

20 Sergeant

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



NOV 25 1960 AM

INSTRUCTIONS
FOR
CERTIFICATEa giving
OF DEATHnot enter
e than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
o the terminal
condition givenChapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 811 Shirley St.

2 FULL NAME

William Paton Jr.

(First Name)

(Middle Name)

(Last Name)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

811 Shirley St

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 2.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

November 25, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

JULY 10, 1958, to NOV 25, 1960

I last saw him live on NOV 25, 1960, death is said to

have occurred on the date stated above, at 6:05 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERAL CARCINOMATOSIS

Due To
(b)

PROSTATIC CARCINOMA 1 1/2 YRS.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

NONE

Was autopsy performed? No

What test confirmed diagnosis? PATHOLOGICAL

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

MYRON N. KING M.D.

(Address)

222 PLEASANT ST. WINTHROP

6 Woodmere Cemetery, Detroit Mich.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL November 29, 1960

7 NAME OF
FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS

Winthrop Mass.

Received and filed

NOV 28 1960

(Registrar)

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.

251

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a

{U. S. War Veteran,

{if so specify WAR)

no

(a) Residence, No. 811 Shirley St

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 2.....years.....months.....days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

OR DIVORCED

10a If married, widowed or divorced

HUSBAND of Adella Smalley

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 74

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:

Painter

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Scotland

17 NAME OF
FATHER

William Paton

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Scotland

19 MAIDEN NAME

OF MOTHER

Helen Whitehouse

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Scotland

PARENTS

21 Informant

(Address)

Adella Paton

811 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)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

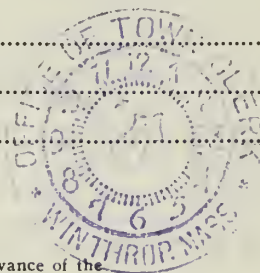
RANK, RATING

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, or related to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

FORM R-304

SUFFOLK

(County)

Winthrop

(City or Town)

No. Win. Comm. Hospital



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH

(STILLBIRTH)

To be filed for burial permit with
Board of Health or its Agent.

Registered No. 252

1

PLACE OF DELIVERY

St. }

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 NAME OF FETUS

(if given)

Baby Boy Hunter

3 DATE OF
DELIVERY

11/26/60

(Month) (Day) (Year)

4 SEX

Male ☒ Female ☐ Undetermined ☐

5 COLOR (if

determined) W

6 THIS BIRTH (Check one)

Single ☒ Twin ☐ Triplet ☐

7 IF MULTIPLE BIRTH, BORN:

1st..... 2nd..... 3rd.....

8

FULL
NAME

Thomas D. Hunter

FATHER

9

RESIDENCE, NO. 7 Johnson Terr. STREET
CITY OR TOWN Winthrop, STATE Mass.10 COLOR OR
RACE

White

11 AGE AT TIME OF
THIS DELIVERY

43 (Years)

12 PLACE OF
BIRTH

Spartansburgh, S. Carolina

(City or Town)

(State or country)

13

OCCUPATION Traffic Manager

MOTHER

14 MAIDEN NAME

Thelma Day

PRESENT NAME

Thelma Hunter

15 RESIDENCE, NO. 7 Johnson Terr. STREET

CITY OR TOWN Winthrop, STATE Mass.

16 COLOR OR
RACE

White

17 AGE AT TIME OF
THIS DELIVERY

39 (Years)

18 PLACE OF
BIRTH

London, England

(City or Town)

(State or country)

19

INFORMANT Thomas D. Hunter

20 PREVIOUS DELIVERIES TO MOTHER
(Do not include this fetus)

Three (3)

(a) How many children are
now living? 2(b) How many children were
born alive but are now
dead? 1(c) How many previous fetal
deaths of ANY gestation
age? 021 LENGTH OF
PREGNANCY

37 completed weeks

22 WEIGHT OF FETUS

8 Lb. 4 Oz.
(or Grams)23 WHEN DID FETUS DIE?
Before Labor ☒ During Labor ☐ or Delivery ☐ Unknown ☐

24 AUTOPSY

Yes ☐ No ☒

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Twisted Cord

Due To (b)

Premature Delivery
antepartum death.

Due To (c)

OTHER SIGNIFICANT
CONDITIONS

None

26

Winthrop
Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

Nov. 29

1960

27

NAME OF
FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass

Received and filed

NOV 29 1960

19

(Registrar)

A TRUE COPY ATTEST:

I HEREBY CERTIFY that this delivery occurred on the date stated
above at 2--A.m., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:

M. Traunstein, Jr., M.D.

M.D.

M. Traunstein, Jr., M.D.

(PRINT OR TYPE SIGNATURE)

73 Bartlett Road
Address Winthrop 52, Mass. Date Nov. 29, 1960I HEREBY CERTIFY that a satisfactory certificate of fetal death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Scianiga
(Signature of Agent of Board of Health or other)Hattie P. Love 11/29/60
(Official Designation) (Date of Issue of Permit)

FETAL DEATH

EXTRACTS OF CERTAIN SECTIONS OF CHAPTER 46 AS AMENDED OR ADDED BY CHAPTER 48, ACTS OF 1960.

Section 2A. "Examination of records and returns of illegitimate births, or abnormal sex births, or fetal deaths, . . . shall not be permitted except . . .".

Section 9A. When a child is born dead, after a period of gestation of not less than twenty weeks, and in the fetus there is no attempt at respiration, no action of heart and no movement of voluntary muscle, the physician or officer attending at the birth of such child shall forthwith furnish for registration, at the request of an undertaker or other authorized person or of any member of the family of the deceased, a certificate of fetal death on a form which shall be prepared by the secretary of state as required by section sixteen. Town clerks shall record certificates of fetal death in the town register of deaths in the same manner as a death certificate, but they shall not be required to record such certificates in the town register of births.

Section 12. ". . . No birth record of a child born out of wedlock or of a child of abnormal sex, and no record of fetal death shall so be transmitted to any other city or town."

Section 24. In any statement of births, deaths and fetal deaths printed by a town the name of an illegitimate child or of its parents or of the parents of a child born dead shall not be printed, but the word "illegitimate" or "fetal death" shall be used in place thereof. A town violating this section shall forfeit to the mother of such child not more than one hundred dollars.

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. 255

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 FRED WRIGHT

(First Name)

(Middle Name)

(Last 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. 241 Washington Avenue, Winthrop

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 29, 1960
(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.)Gunshot wound of head with
perforation of brain.5 Accident, suicide, or homicide (specify) Suicide.
Date and hour of injury 11/29 1960

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? HomeManner of Self-inflicted pistol shot
Injury wounds of head and chest.
(Specify type of place)
(How did the 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.

(Address) Boston Date 11/29 1960

7 Winthrop Cemetery, Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Dec. 3, 1960

8 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed DEC 7 1960 19

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)
male white MARRIED
WIDOWED
or DIVORCED widowed11a If married, widowed, or divorced A. Sullivan
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 80 Years 4 Months 14 Days If under 24 hours
Hours Minutes14 Usual Occupation: Carnival Worker (retired)
(Kind of work done during most of working life)15 Industry Show business
or Business:

16 Social Security No. 058-16-7965

17 BIRTHPLACE (City) Princeton
(State or country) Indiana

18 NAME OF FATHER William G. Wright

19 BIRTHPLACE OF FATHER (City) Indiana
(State or country)

20 MAIDEN NAME OF MOTHER Mary E. ?

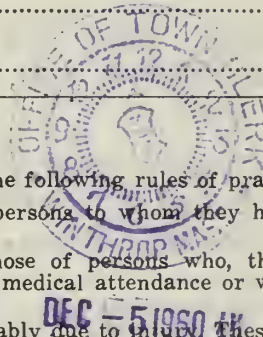
21 BIRTHPLACE OF MOTHER (City) Indiana
(State or country)22 Informant Gertrude Preen
(Address) 241 Washington Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph S. Lencioni
(Signature of Agent of Board of Health or other)Health Officer Dec 2 1960
(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 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.

50M-6-60-9281J15

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 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.)"

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

not enter
re than one
se for each
, (b) and (c)

does not mean
ode of dying,
s heart failure,
a, etc. It means
ease, or compli-
which caused

itions, if any,
t gave rise to
cause (a),
g the under-
cause last.

nditions contrib-
o death but not
to the terminal
condition given

te:- Chapter 137,
of 1954, requires
icians to print or
the cause or
s of death on
certificates, and
ter 48, Acts of
requires Physi-
to print or type
under signature.

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. **254**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **45 Buchanan St.**



2 FULL NAME

Eva Covino

(First Name)

(Middle Name)

(Last Name)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ Studzinska }
{ Studziske }

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

45 Buchanan St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence **35** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

November 30, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

MARCH 19, 57, to NOV 30, 1960

I last saw her alive on **NOV 30, 1960**, death is said to

have occurred on the date stated above, at **3:30 P.M.**

INTERVAL
BETWEEN
ONSET AND
DEATH
1 HR

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **CORONARY THROMBOSIS**

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

HYPERTENSIVE HEART DISEASE 2 YRS

ARTERIO SCLEROSIS 6 YRS

HYPERTENSION

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 Salemi**, M. D.

CHARLES SALEMI
(PRINT OR TYPE SIGNATURE)

(Address) **342 HANOVER ST BOSTON** Date **11/30/1960**

Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **December 3, 1960**

7 NAME OF FUNERAL DIRECTOR **Arthur J. O'Maley**

ADDRESS **Winthrop, Mass**

Received and filed **DEC 2 1960**

(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 A. Covino

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE **66** Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Poland

17 NAME OF

FATHER

Studzinska

Jacob Studziske

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Poland

19 MAIDEN NAME

OF MOTHER

Josephine

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Poland

21

Informant

(Address)

Joseph A. Covino

45 Buchanan St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Williams
(Signature of Agent of Health or other)

(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.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
STATE 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,
pneumonia, etc. It means
disease, or complica-
tions which caused

Conditions, if any,
which gave rise to
the cause (a),
including the under-
lying cause last.

Conditions contrib-
uting to death but not
leading to the terminal
condition given

Chapter 137,
of 1954, requires
physicians to print or
type the cause or
causes of death on
certificates, and
under 48, Acts of
1954, requires Physi-
cians to print or type
under signature

ral Director:
use use only
BLACK Ink.
4-6-59-925686

PLACE OF DEATH

SUFFOLK

BOSTON

(City or Town)

No.

MASSACHUSETTS GENERAL HOSPITAL

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

Registered No.

10030

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

2 FULL NAME Wendy Williams

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 12 George 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 2.....days. In place of residence 9.....years 11.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 9 1960
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from
October 7 1960 to October 9 1960

We last saw him alive on October 9 1960 death is said to
have occurred on the date stated above, at 5:25 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myeloblastic Crisis

Due To (b) Chronic Myelogenous
Leukemia

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) C. H. Clay M. D.

(Address) Ass't Dir., Mass. Dep. of Health Date Oct. 9 1960

6 PLACE OF BURIAL (or Cremation) WINTHROP
DATE OF BURIAL OCT 11 1960

7 NAME OF FUNERAL DIRECTOR MALDICE W. KIRBY
ADDRESS WINTHROP

Received and filed OCT 13 1960
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 9 Years 11 Months Days If under 24 hours
Hours Minutes

13 Usual Occupation SCHOOL
(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) WINTHROP
(State or country) MASS

17 NAME OF FATHER EARL WILLIAMS

18 BIRTHPLACE OF FATHER (City) DANVERS
(State or country) MASS

19 MAIDEN NAME OF MOTHER MARY L. BOCCI

20 BIRTHPLACE OF MOTHER (City) EAST BOSTON
(State or country) MASS

21 Informant (Address) EARL WILLIAMS
12 GEORGE ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Edward W. Callahan
(Signature of Agent of Board of Health or other)

A11902
(Official Designation)

OCT 10 1960
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



DEC 1 9 1960 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit
with Office of Health

256

SUFFOLK

BOSTON

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 10357

No. MASSACHUSETTS GENERAL HOSPITAL

{If death occurred in a hospital or institution,
St. give its NAME instead of street and number}

2 FULL NAME Julia Nowak

(Danilo)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence No. 20 Floyd 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 October 17 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That deceased died on
September 24 1960 to October 17 1960Last saw alive on October 17 1960 death is said to
have occurred on the date stated above, at 1:53 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF RIGHT
BREASTINTERVAL
BETWEEN
ONSET AND
DEATH
2 wksDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?
If no, specify

(Signed) Charles L. Clay, M.D.

Charles L. Clay, M.D.

(PRINT OR TYPE SIGNATURE)

(Address) Ass't. Dir., Mass. Gen'l. Hosp., Date Oct. 17 1960

6 St. Michaels Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 20, 1960

7 NAME OF FUNERAL DIRECTOR John L. Baldyga

ADDRESS 16 Preble St. Boston

Received and filed OCT 20 1960

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE, MARRIED, WIDOWED, OR DIVORCED

MARRIED

10a If married, widowed, or divorced

HUSBAND of

Edward Nowak (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILL BORN, enter that fact here.

12 65

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:

none

15 Social Security No.

16 BIRTHPLACE (City) Pielgrzymka
(State or country) Poland17 NAME OF
FATHER

Alexander Danilo

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Poland

19 MAIDEN NAME

OF MOTHER Anna

Cwb1

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Poland

21 Informant Edward Nowak (husband)

(Address) 20 Floyd St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death
has been filed with me BEFORE the burial or transfer permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles A. Mackie

City Registrar



DEC 19 1960 AM

THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

X

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

U.S. Naval Hospital

No.

2 FULL NAME Edmund Lambert MacNeil

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 114 Winthrop
(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. - years. 1 months. 9 days. In place of residence. - years. 5 months. - days.

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 573

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (Was deceased a U. S. War Veteran, if so specify WAR. WWI-WWII & Korea

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 18, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 9 60 to Oct. 18 60

I last saw him alive on Oct. 18 60, death is said to have occurred on the date stated above, at 1:15 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

6 hrs.

Due To (b)

Coronary atherosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS Rheumatic heart disease

Was autopsy performed? no

What test confirmed diagnosis? PCC

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Daniel A. Hart M. D.

(Address) USNH, Chelsea, Mass. 10/18/60

Winthrop Cem., Winthrop, Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 21, 1960

7 NAME OF FUNERAL DIRECTOR Reynolds Fun. Home

ADDRESS 180 Winthrop St., Winthrop, Mass.

Received and filed DEC 9 1960

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed or divorced HUSBAND of Viola M. Trask

(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 6 Months - Days If under 24 hours Hours Minutes

13 Usual Occupation: U.S. Army (Retired) (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 024-07-3023

16 BIRTHPLACE (City) Mohlndal, Sweden (State or country)

17 NAME OF FATHER Frederick P.

18 BIRTHPLACE OF FATHER (City) Boston, Mass. (State or country)

19 MAIDEN NAME OF MOTHER Hannah Olson

20 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

21 Informant V. MacNeil (wife) (Address) 114 Winthrop St., Winthrop, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 19, 1960

V.B.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE1917.....

DATE OF DISCHARGE1955.....

RANK, RATINGM/Sgt.....

ORGANIZATION AND OUTFITU.S.Army.....

SERVICE NUMBERRA20120424.....

.....

RECEIVED



DEC 9 1960 AM

The Commonwealth of Massachusetts OUT - OF - TOWN

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
of its Agent

PLACE OF DEATH

Suffolk
(County)

East Boston
(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No. 10483

No. Princeton-Shelby Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Triantos Rodopoulos (Rodopoulos)
(If deceased 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. 195 Court Road St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 10 days. In place of residence 48 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 19 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1957, 19, to October 19, 1960.
I last saw him alive on October 19, 1960, death is said to have occurred on the date stated above, at 1:05 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertension

35 hr

Due To (b) Arteriosclerotic heart disease

Due To (c) Arteriosclerotic heart disease

OTHER
SIGNIFICANT
CONDITIONS

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) John F. Collins M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 27 Lorington Street Date Oct. 20, 1960

6 Forest Dale Cemetery, Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 22, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed OCT 25 1960

Charles H. Inactive 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 Helen Stathopoulos
(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 7 Months 4 Days If under 24 hours Hours Minutes

13 Usual Occupation: retired proprietor
(Kind of work done during most of working life)

14 Industry or Business: wholesale fruit and produce

15 Social Security No. none

16 BIRTHPLACE (City) Greece
(State or country)

17 NAME OF FATHER Theodore Rodopoulos

18 BIRTHPLACE OF FATHER (City) Greece
(State or country)

19 MAIDEN NAME OF MOTHER unable to obtain

20 BIRTHPLACE OF MOTHER (City) Greece
(State or country)

21 Informant Mrs. Harvey A. Herbert
(Address) 195 Court Road, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

11/14/ (Official Designation) 10-21-60 (Date of Issue of Permit)

INSTRUCTIONS
FOR
AL CERTIFICATE

n giving
E OF DEATH

not enter
re than one
se for each
, (b) and (c)

does not mean
ode of dying,
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-
death but not
to the terminal
condition given

M.S.,

Chapter 137,
1934, requires
ans to print or
the cause or
of death on
certificates, and
48, Acts of
quires Physi-
print or type
der signature.

9-60

3-59-925686

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



DEC 19 1960 AM

The Commonwealth of Massachusetts

259

PLACE OF DEATH

Worcester

(County)

Worcester

(City or Town)



JOSEPH D. WARD
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. 2773

No. Providence House -73 Vernon

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

PHYSICIAN — IMPORTANT

2 FULL NAME ANNIE E. GRADY

(First Name)

(Middle Name)

(Last Name)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)}

(a) Residence, No. 63 Crest Ave.
(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 50 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 20 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
November 18, 1960, to November 20, 1960

I last saw her alive on November 18, 1960, death is said to
have occurred on the date stated above, at 2:00 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Generalized arteriosclerosis

INTERVAL
BETWEEN
ONSET AND
DEATH
? Yrs

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) Edmund M. Koury, M.D.

Edmond M. Koury, M.D.

(PRINT OR TYPE SIGNATURE)

(Address) St. Vincent Hosp. 11/20 1960

6 St. John's Clinton, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Wed. Nov. 23 1960

7 NAME OF FUNERAL DIRECTOR Callahan Brothers by
Francis Callahan

ADDRESS 36 Trumbull St.

Received and filed NOV 29 1960

(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 98 Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual

Occupation:

At home

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Clinton
Mass.

17 NAME OF FATHER

Michael Grady

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Mary Hoban

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Mary O'Donnell

8 Hitchcock Road

I HEREBY CERTIFY that a satisfactory standard certificate of death
has been filed with the Board of Health or its Agent.

(Signature of Agent of Board of Health or other)

Commissioner of Public Health
(Official Designation)

Charles M. Callahan

(Date of Issue of Certificate)

11-20-60

RECEIVED



DEC 19 1960 AM

THIS IS A PERMANENT RECORD
Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-4-59-926111

PLACE OF DEATH

1

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

Soldiers' Home Hospital

No.

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Vincent Lynch

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

363 Pleasant

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....3 months.....26 days. In place of residence.....5 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Nov. 22, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

7/26/60

19.....

11/22/60

19.....

I last saw him on 11/22/60, 19....., death is said to

have occurred on the date stated above, at 3:40A.m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Recurrent episodes of cerebral vascular accident ?

Due To

(b)

Cerebral arteriosclerosis ?

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Cachexia

no

Was autopsy performed? clinical

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Vincent Capodilupo

M. D.

(Address)

Soldiers' Home

Date

11/22/60

6 Woodlawn, Everett, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Nov. 25, 1960

7 NAME OF FUNERAL DIRECTOR

Maurice W. Kirby Fun. Home

ADDRESS

210 Winthrop St., Winthrop

Received and filed

12-29-60

19.....

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or Town making this return)

643

Registered No.

WWI

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 P. Gargan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

69

Years

8

Months

9

Days

If under 24 hours

Hours.....Minutes

13 Usual Occupation:

Salesman

(Kind of work done during most of working life)

14 Industry or Business:

not known

15 Social Security No.

cannot be learned

16 BIRTHPLACE (City)

(State or country)

Charlestown, Mass.

17 NAME OF FATHER

Hugh A.

18 BIRTHPLACE OF FATHER (City)

(State or country)

Boston, Mass.

19 MAIDEN NAME OF MOTHER

Mary F. McGowan

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston, Mass.

21

Informant

(Address)

Hospital Records

91 Crest Ave., Chelsea, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Nov. 22, 1960

19.....

RECEIVED



JAN 4 1961 AM

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

JOSEPH D WARD
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. 262

No. 142 Pleasant St. - Winthrop Conn. Home
(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Santa Bellamacina
(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. 57 Walford way Charlestown, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death, 0 years, 1 month, 13 days In place of residence, years, months, days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

oes not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ng to print or
e cause, or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 4, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 22, 1960, to Nov. 29, 1960
I last saw her alive on Nov. 29, 1960, death is said to
have occurred on the date stated above, at 6:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Generalized Arterio-
Sclerosis

Due To
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify NO

(Signed) John F. Pepi M.D.
(PRINT OR TYPE SIGNATURE)

(Address) East Boston, Mass Date 12-4-1960

6 St. Michael Boston
DATE OF BURIAL Dec. 7, 1960
(City or Town)

7 NAME OF FUNERAL DIRECTOR Permacchio & Son
ADDRESS 5980, Margin St. Boston

Received and filed DEC 6 1960 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 Frank Bellamacina
(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: House wife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Messina
(State or country) Italy

17 NAME OF FATHER Leo (LNU)

18 BIRTHPLACE OF FATHER (City) Messina
(State or country) Italy

19 MAIDEN NAME OF MOTHER Concetta (LNU)

20 BIRTHPLACE OF MOTHER (City) Messina
(State or country) Italy

21 Informant Joseph Gentile
(Address) 57 Walford way Charlestown

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)
Platteau 12/6/60
(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



DEC 6 1960 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. **263**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. *Cliff House 170 Cliff Ave* St. {If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *ABRAHAM HIRSHBERG*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) *NC*

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

to not enter
re than one
se for each
, (b) and (c)

does not mean
ode of dying,
s heart failure,
a, etc. It means
ease, or compli-
which caused

itions, if any,
h gave rise to
e cause (a),
g the under-
cause last.

nditions contrib-
to death but not
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
o print or type
nder signature.

(a) Residence. No. *170 Cliff Ave* St. (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In place of death...years...*8* months...days. In place of residence...years...*8* months...days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Dec. 4 1960*
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from *Feb 47* to *Dec 4 1960*
I last saw him alive on *Dec 4 1960*, death is said to have occurred on the date stated above, at *7:15A.M.*

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Arterio-sclerotic Heart Disease*

Due To *Coronary Occlusion, acute*
(b) *1 day*

Due To
(c)

OTHER SIGNIFICANT CONDITIONS *Gout*

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.
Charles LIBERMAN
(PRINT OR TYPE SIGNATURE)
(Address) *Winthrop, Mass* Date *12/4/1960*

6 *Charles Shel Emeth DANVERS*
Place of Burial or Cremation (City or Town)
DATE OF BURIAL *Dec 5 1960*

7 NAME OF FUNERAL DIRECTOR *Torff Funeral Service Inc*
ADDRESS *Washington Ave Chelsea*

Received and filed *DEC 5 1960*

(Registrar)

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 *Ethel Shapiro*
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...Months...Days If under 24 hours
Hours...Minutes

13 Usual Occupation: *Taxi Driver*
(Kind of work done during most of working life)

14 Industry or Business: *TRANSPORTATION*

15 Social Security No. *029-10-8832*

16 BIRTHPLACE (City) *Boston Mass*
(State or country)

17 NAME OF FATHER *Louis HIRSHBERG*

18 BIRTHPLACE OF FATHER (City) *Russia*
(State or country)

19 MAIDEN NAME OF MOTHER *EBL*

20 BIRTHPLACE OF MOTHER (City) *Russia*
(State or country)

21 Informant *Mrs. Natalie Brovenick*
(Address) *29 Brookdale Rd. Nat tick*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Natalie Brovenick
(Signature of Agent of Board of Health or other)

Local Officer *12/5/60*
(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



DEC - 5 1960 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.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
le. of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
o the terminal
condition givenChapter 137,
1954, requires
ans to print or
ne cause or
of death on
certificates.

50M-5-57-920345

X
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

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

264

No. MAYFLOWER NURSING HOME, WINTHROP (If death occurred in a hospital or institution, St. give its NAME instead of street and number)

2 FULL NAME FITHIAN, Noel, Phillip } **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. 39 GROVERS AVE, WINTHROP, Mass. (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 unknown years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH	<u>Dec 5, 1960</u> (Month) (Day) (Year)	8 SEX <u>M</u>	9 COLOR <u>white</u>
4 I HEREBY CERTIFY, That I attended deceased from <u>July 5, 1960</u> , to <u>Dec 5, 1960</u> I last saw him alive on <u>Dec 5, 1960</u> , death is said to have occurred on the date stated above, at <u>9:30 A. m.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	10 SINGLE (write the word) <u>MARRIED</u> WIDOWED or DIVORCED	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE		10a If married, widowed, or divorced HUSBAND of <u>unknown</u> (Give maiden name of wife in full)	
(a) <u>Basal Carcinoma of Nose</u>		(or) WIFE of <u>unknown</u> (Husband's name in full)	
Due To (b) <u>Carcinomatosis</u>	<u>2 yrs.</u>	11 IF STILLBORN, enter that fact here. _____	
Due To (c) _____		12 AGE <u>87</u> Years ____ Months ____ Days If under 24 hours ____ Hours ____ Minutes	
OTHER SIGNIFICANT CONDITIONS <u>Bronchopneumonia</u>	<u>2 days</u>	13 Usual Occupation: <u>PAINTER</u> (Kind of work done during most of working life)	
Was autopsy performed? <u>No</u>		14 Industry or Business: <u>employed</u>	
What test confirmed diagnosis? <u>Clinical - Biopsical Path.</u>		15 Social Security No. <u>022-09-9475</u>	
5 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____		16 BIRTHPLACE (City) <u>Toledo, Ohio</u> (State or country)	
(Signed) <u>Charles Lieberman, M. D.</u>		17 NAME OF FATHER <u>unknown</u>	
(Address) <u>Wintthrop, Mass</u> Date <u>Dec 5, 1960</u>		18 BIRTHPLACE OF FATHER (City) <u>- n -</u> (State or country)	
6 <u>FAIRVIEW CEM. FOREST HILLS</u> Place of Burial or Cremation <u>CREMATED</u> (City or Town)		19 MAIDEN NAME OF MOTHER <u>- n -</u>	
DATE OF BURIAL <u>DECEMBER 12</u> 19 <u>60</u>		20 BIRTHPLACE OF MOTHER (City) <u>- n -</u> (State or country)	
7 NAME OF FUNERAL DIRECTOR <u>JOHN SHEA</u>		21 Informant (Address) <u>Elizabeth Lemmon, LPA</u> <u>39 Groves Ave, Wintthrop, Mass.</u>	
ADDRESS <u>1208 CHESTER MASS</u>		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>John J. Lieberman, M.D.</u> (Signature of Agent of Board of Health or other)	
Received and filed <u>December 5, 1960</u>		<u>Charles E. Spence</u> 12/5/60 (Official Designation) (Date of Issue of Permit)	

(Registrar)

(Official Designation)

(Date of Issue of Permit)

RETURN

No undertaker or in a town, or remove has received a permit such permits, or if the person died; and no remove it from a town other than the receiver received a permit from of the town where the shall have been de-

any unsatisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

PERSONS TO WHOM MADE.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this column for every person engaged in any trade or occupation, even if the occupation has been given up or changed, or the deceased had retired from business. Report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT.

SERVICE NUMBER

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

Grover Manor Hospital

No. St.

George A. Blanchard

2 FULL NAME.....

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Winthrop Convalescent Home

Winthrop

(a) Residence. No.

(Usual place of abode)

142 Pleasant St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 8, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 60 Dec. 8, 60
in Dec. 8, 60
I last saw him alive on Dec. 8, 60, death is said to have occurred on the date stated above, at 5:30A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
Uremia

(a)

Due To Cerebral vascular
(b) accident

Due To Arteriosclerotic heart
(c) disease

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus

Was autopsy performed? No
What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James F. Burns
537 Broadway, M. D.
(Address) Everett 12/8 60

6 Place of Burial or Cremation Woodlawn Cemetery Everett

DATE OF BURIAL December 10, 1960

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
210 Winthrop St., Winthrop

ADDRESS

Received and filed 1-6-61 19.....

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

JOSEPH D. WARD

Revere

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 265

{(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 Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, Margaret M. Powers
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years.....Months.....Days If under 24 hoursHours.....Minutes

13 Usual Occupation: Salesman (Kind of work done during most of working life)

14 Industry or Business: Salesman

15 Social Security No. 028-10-0259
Turners Falls

16 BIRTHPLACE (City) Mass. (State or country)

17 NAME OF FATHER Cyril Blanchard

18 BIRTHPLACE OF FATHER (City) New Hampshire (State or country)

19 MAIDEN NAME OF MOTHER Malvina Bauther

20 BIRTHPLACE OF MOTHER (City) Canada (State or country)

21 Informant Annette Donley (Address) 30 Reed Rd., Peabody

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED December 9, 1960

RECEIVED



JAN 5 1961 PM

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

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No.

266

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Convalescent Home

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)}

2 FULL NAME Laura K. Marshall (Kelly)

(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 Shirley Street
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death 8 years 8 months 8 days In place of residence 50 years 8 months 8 days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 8, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 6, 1956 19 to December 8 1960

I last saw him alive on December 8, 1960, death is said to
have occurred on the date stated above, at 8:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive and arteriosclerotic
heart disease

Due To Generalized arteriosclerosis
(b)

Due To
(c)

OTHER
SIGNIFICANT none
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.

(PRINT OR TYPE SIGNATURE)

(Address) 73 Bartlett Road Date 12-8 1960

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 10, 1960

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St., Winthrop

Received and filed 12-9-60 1960

(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 William G. Marshall
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 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: At Home

15 Social Security No.

16 BIRTHPLACE (City) Harborville
(State or country) Nova Scotia

17 NAME OF FATHER Ronald Kelly

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Agnes Sullivan

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

21 Informant Thomas B. Marshall
(Address) 41 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 E. Sullivan
(Signature of Agent of Board of Health or other)

40
(Official Designation)

Dec. 9/60
(Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
de of dying,
heart failure,
etc. It means
use, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
o the terminal
condition given

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates, and
48, Acts of
requires Physi-
print or type
under signature.

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 5 1960 PM



INSTRUCTIONS
FOR
DEATH CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

does not mean
mode of dying,
s heart failure,
a, etc. It means
cause, or compli-
which caused

itions, if any,
h gave rise to
e cause (a),
g the under-
cause last.

ditions contrib-
o death but not
to the terminal
condition given

Chapter 137,
1954, requires
ians to print or
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
o print or type
nder signature.

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. **267**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **74 Beal Street**

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME **Dorothy C. (Schroeder) Gaw**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. **74 Beal Street**

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death **35** years.....months.....days. In place of residence **35** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Dec. 11 1960**

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 1960, to **Dec. 1960**

I last saw him alive on **Nov. 20, 1960**, death is said to

have occurred on the date stated above, at **11 a. m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Arteriosclerotic
Heart Disease**

Due To **Senile Arteriosclerosis**

(b) **Malnutrition**

Due To **Malnutrition**

(c) **Malnutrition**

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

None

(Signed) **Joseph J. Zambella**, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) **36 Villa Ave, Winthrop** date **12-11-60**

6 **Mt. Auburn Crematory** **Cambridge**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Dec. 14** 19**60**

7 NAME OF FUNERAL DIRECTOR **Howard Reynolds**

ADDRESS **Winthrop Mass**

Received and filed **Dec 14, 1960**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **White** 10 SINGLE **MARRIED** (write the word)
WIDOWED or **DIVORCED** **Married**

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **George J. Gaw**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **68** **4** **12**
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. **None**

16 BIRTHPLACE (City) **Ohio**
(State or country)

17 NAME OF FATHER **Charles Schroeder**

18 BIRTHPLACE OF FATHER (City) **Illinois**
(State or country)

19 MAIDEN NAME OF MOTHER **Marion Bankhammer**

20 BIRTHPLACE OF MOTHER (City) **Rockville Conn.**
(State or country)

21 Informant **Howell Gaw**
(Address) **14 Belmont St. Reading Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Joseph C. Zambella
(Signature of Agent of Board of Health or other)

Seattle Spicer **12/14/60**
(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 supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemicals (drugs or poisons) thermal, or electrical agents, and deaths following abortion but, also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

PLACE OF DEATH

Middlesex

(County)

Natick

(City or Town)

No. Hanson Rest Home (Phillips House) St. _____ { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mary S. (Rippee) Tewksbury { (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.)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 24 James Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death, 21 years, 6 months, 21 days. In place of residence, 1 years, 6 months, 21 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 12, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 1960 to 12/12/ 1960
I last saw her alive on 12/11/60, 1960, death is said tohave occurred on the date stated above, at 4:55a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral ThrombosisINTERVAL
BETWEEN
ONSET AND
DEATH5 daysDue 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) Saul S. Radovsky M. D.(Address) Natick Date 12/13/60 19606 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec. 15, 19607 NAME OF FUNERAL DIRECTOR Marsh Funeral Home
ADDRESS WinthropReceived and filed Jan 9, 1961 1961

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Natick

(City or Town making this return)

Registered No. 268

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR W. 10 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of Howard E. Tewksbury
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 87 Years - Months - Days If under 24 hours
AGE _____ 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) Nova Scotia
(State or country)17 NAME OF FATHER David Rippee18 BIRTHPLACE OF FATHER (City) _____
(State or country) Nova Scotia19 MAIDEN NAME OF MOTHER Cannot be learned20 BIRTHPLACE OF MOTHER (City) _____
(State or country) Nova Scotia21 Mrs. Paul McWhorter
Informant (Address) 118 Pond St., Natick, Mass.

A TRUE COPY

ATTEST: James H. Fennell
(Registrar of City or Town where death occurred)DATE FILED December 15, 1960 1960

RECEIVED

RECEIVED



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

(City or Town)

No.

264 Court Road

STANDARD
CERTIFICATE OF DEATH

Registered No.

269

{(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

Ellen S Bloomfield

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

264 Court Road

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 65 years months days. In place of residence 65 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
se, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
o the terminal
condition givenChapter 137,
1954, requires
ans to print or
e cause or
of death on
rtificates, and
48, Acts of
quires Physi-
print or type
der signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DECEMBER 15 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
AUGUST 11 1951, to DECEMBER 15 1960
I last saw h^{er} alive on DECEMBER 14 1960, death is said to
have occurred on the date stated above, at 3:20 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHOPNEUMONIAINTERVAL
BETWEEN
ONSET AND
DEATH5 DAYSDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSGENERALIZED ARTERIOSCLEROSIS10 YEARSWas 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.DOROTHY CHENEY APPLETON
(PRINT OR TYPE SIGNATURE)(Address) 197 Woodside Ave. Winthrop Date 12/15 19606 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec. 17 19607 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop MassReceived and filed Dec 16 1960

(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

93 Years 10 Months 13 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Teacher (retired)

(Kind of work done during most of working life)

14 Industry

or Business:

Public School

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

LiverpoolEngland

17 NAME OF FATHER

Henry Bloomfield

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Maria Jamieson

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

MontroseScotland

21

Informant

(Address)

Lydia Bloomfield264 Court Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Howard S Reynolds
(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 11 1960 AM

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
STATE OF DEATH

do not enter
more than one
cause for each
a), (b) and (c)

s does not mean
mode of dying,
as heart failure,
etc. It means
disease, or compli-
s which caused

ditions, if any,
ch gave rise to
ve cause (a),
ing the under-
g cause last.

onditions contrib-
to death but not
d to the terminal
condition given

:- Chapter 137,
of 1954, requires
cians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature.

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Premature Baby girl Balboni
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 7 Belle Isle Ave.
(Usual place of abode)

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

Revere
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 16 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec. 16, 1960, to December 16, 1960
I last saw her alive on December 16, 1960, death is said to
have occurred on the date stated above, at 10:14 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity
Birth weight 2 lbs 1 oz

Due To (b) Spontaneous Premature
labor. Born at 4:45 A.m. on

Due To (c) December 16, 1960

OTHER SIGNIFICANT CONDITIONS Expected date is
March 15, 1961

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 Derhagopian M.D.
A. Paul DERHAGOPIAN M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 39 CARY AV. WILMINGTON, DE. 1960

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 19, 1960

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere

Received and filed Dec. 19 1960

(Registrar)

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. 270

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

Revere
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

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 If under 24 hours
5 Hours 29 Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

17 NAME OF FATHER Albert A. Balboni

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Lorraine Paziano

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Albert A. Balboni
(Address) 7 Belle Isle Ave., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

HO (Official Designation) Dec 19 - 1960 (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.

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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



DEC 19 1960 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.STANDARD
CERTIFICATE OF DEATH

Registered No. 271

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 31 Lincoln Street

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Joseph Ethan Davison

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a

{U. S. War Veteran,

(if so specify WAR)

(a) Residence. No. 31 Lincoln Street

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 24 years.....months.....days. In place of residence. 24 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 16, 1960

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
JANUARY 10, 1959, to DECEMBER 16, 1960.I last saw him alive on DECEMBER 15, 1960, death is said to
have occurred on the date stated above, at 2:15 P.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INSUFFICIENCY

2 DAYS

Due To (b) ARTERIOSCLEROTIC HEART DISEASE

5 yrs

Due To (c) GENERALIZED ARTERIOSCLEROSIS

5 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) Timothy Cheney Appleton, M. D.

DOROTHY CHENEY APPLETON
(PRINT OR TYPE SIGNATURE)

(Address) 197 Woodside Ave. Date Dec 17, 1960

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 19, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed Dec 19, 1960

(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 Label Clarke

(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 2 Months 3 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: retired Printer

(Kind of work done during most of working life)

14 Industry

or Business: self employed

15 Social Security No.

012-01-7293

16 BIRTHPLACE (City)

(State or country)

Winthrop

Massachusetts

17 NAME OF

FATHER

John Woodbury Davison

18 BIRTHPLACE OF

FATHER (City)

Gloucester

(State or country)

Massachusetts

19 MAIDEN NAME

OF MOTHER

Lovicy Paddock White

20 BIRTHPLACE OF

MOTHER (City)

Plymouth

(State or country)

Vermont

21

Informant

(Address)

Mrs. Joseph E. Davison

31 Lincoln Street Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates, and
48, Acts of
requires Physi-
to print or type
under signature.

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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RECEIVED



DEC 1 1960 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.

RM R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

14 Pico St



STANDARD CERTIFICATE OF DEATH

Registered No.

272

{(If death occurred in a hospital or institution,
St. } give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Ellen Martha (Huby) Kitson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

INSTRUCTIONS
FOR
CERTIFICATE

(a) Residence. No. 35 Pico Ave
(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 35 years.....months.....days.

IN GIVING
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

does not mean
ade of dying,
as heart failure,
a, etc. It means
sease, or compli-
which caused

ditions, if any,
h gave rise to
e cause (a),
ng the under-
cause last.

conditions contrib-
to death but nat
to the terminal
condition given

Chapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates, and
or 48, Acts of
requires Physi-
o print or type
under signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
January 5, 1957 to December 19, 1960

I last saw h.....alive on December 19, 1960, death is said to
have occurred on the date stated above, at 8:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarction

INTERVAL
BETWEEN
ONSET AND
DEATH
4 hrs

Due To Arteriosclerotic & hypertensive
(b) heart disease

3 yrs

Due To Generalized arteriosclerosis
(c)

5 yrs

OTHER SIGNIFICANT CONDITIONS Right hemiplegia

3 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. Traunstein, Jr., M. D.

M. Traunstein, Jr., M. D.

(Address) 73 Bartlett Road Date Dec. 20, 1960

Winthrop 52, Mass.

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 22 1960

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass

Received and filed December 21, 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Edmund Kitson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 4 Months 4 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.

16 BIRTHPLACE (City) Hull
(State or country) England

17 NAME OF FATHER Richard Huby

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Martha Goodell

20 BIRTHPLACE OF MOTHER (City) England
(State or country)

21 Informant Charles Kitson
(Address) 35 Pico 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)
H0 (Official Designation) Dec. 21/60 (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



DEC 21 1960 AM

INSTRUCTIONS
FOR
CERTIFICATE

IN GIVING
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

does not mean
mode of dying,
heart failure,
etc. It means
cause, or compli-
cation which caused

conditions, if any,
which gave rise to
the cause (a),
including the under-
cause last.

conditions contrib-
ing to death but not
to the terminal
condition given

Chapter 137,
1954, requires
physicians to print or
type the cause or
of death on
certificates, and
under 48, Acts of
requires Physi-
cians to print or type
under signature.

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)

No. Win. Community Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No. 273

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Sykes, Baby Girl

(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. 193 Gladstone

(Usual place of abode)

St. E. Boston, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec. 16, 1960, to Dec. 19, 1960

I last saw her alive on Dec. 18, 1960, death is said to
have occurred on the date stated above, at 1:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Anencephalus

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Menincocele

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) D. Thomas Staffier, M.D.

D. Thomas Staffier, M.D.

(PRINT OR TYPE SIGNATURE)

(Address) 19 Breed St. E. Boston Dec. 19, 1960

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 19, 1960

7 NAME OF FUNERAL DIRECTOR RICHARD C. KIRBY INC
ADDRESS 917 BENNINGTON ST E Boston

Received and filed Dec. 19, 1960

(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

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE Years Months 3 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Winthrop,
Massachusetts

17 NAME OF FATHER

Robert Sykes

18 BIRTHPLACE OF

FATHER (City)

East Boston, Mass.

(State or country)

19 MAIDEN NAME

OF MOTHER

Rachel Palladino

20 BIRTHPLACE OF

MOTHER (City)

East Boston, Mass.

(State or country)

21

Informant

(Address)

Rachel Sykes

Same as above

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 supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 19 1960 PM

SPACE FOR ADDITIONAL INFORMATION.....
 DATE OF ENTERING MILITARY SERVICE.....
 DATE OF DISCHARGE.....
 RANK, RATING.....
 ORGANIZATION AND OUTFIT.....
 SERVICE NUMBER.....

RULES OF PRACTICE

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RECEIVED



DEC 21 1960 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.

275

No. 26 Beacon St., Winthrop

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME FRANK THOMAS

(First Name)

(Middle Name)

(Last 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)

U. S. I

(a) Residence, No. 26 Beacon St., Winthrop
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 20, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
Arteriosclerotic heart disease.

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

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 12/20 1960

7 JULY CROSS MALDEN
Place of Burial, or Cremation, (City or Town)

DATE OF BURIAL DEC 23 1960

8 NAME OF DIRECTOR MAURICE W. MIRBY
ADDRESS WINTHROP

Received and filed Dec 21 1960

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)
MALE WHITE MARRIED
WIDOWED
or DIVORCED11a If married, widowed, or divorced
HUSBAND OF VIOLET M. FOLEY
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 65 Years.....Months.....Days If under 24 hours
Hours.....Minutes14 Usual Occupation: LABORER
(Kind of work done during most of working life)

15 Industry or Business: GENERAL

16 Social Security No. 013-05-5693

17 BIRTHPLACE (City) CHARLESTOWN
(State or country) MASS

18 NAME OF FATHER MICHAEL F. THOMAS

19 BIRTHPLACE OF FATHER (City) QUEBEC
(State or country) CANADA

20 MAIDEN NAME OF MOTHER ELIZABETH DENY

21 BIRTHPLACE OF MOTHER (City) WASHINGTON
(State or country) MASS22 Informant MRS. VIOLET THOMAS
(Address) 26 BEACON ST. WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Michael S. Scramme
(Signature of Agent of Board of Health or other)Hc 12/21/60
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE JUNE 19 1914

DATE OF DISCHARGE JULY 30 1919

RANK, RATING CORPORAL

ORGANIZATION AND OUTFIT U S ARMY

SERVICE NUMBER 1224714

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due 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
CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

To be filed for burial permit with
Board of Health or its Agent.

PLACE OF DELIVERY

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)

Registered No. 276

2 NAME OF FETUS
(if given)

Baby girl Higgins (Mary)

3 DATE OF
DELIVERY

Dec 22, 1960
(Month) (Day) (Year)

4 SEX
Male.....Female.....Undetermined.....

Female

5 COLOR (if
determined)

W

6 THIS BIRTH (Check one)
Single.....Twin.....Triplet

Single

7 IF MULTIPLE BIRTH, BORN:
1st.....2nd.....3rd.....

1st

8 FULL
NAME

David Higgins

FATHER

14 MAIDEN NAME

Bridget Cortigan
PRESENT NAME Higgins

MOTHER

9

RESIDENCE, NO. 117 Addison St
CITY OR TOWN A. Boston STATE Mass

15

RESIDENCE, NO. 117 Addison St
CITY OR TOWN A. Boston STATE Mass

10 COLOR OR
RACE

W

11 AGE AT TIME OF
THIS DELIVERY 35 (Years)

16 COLOR OR
RACE

W

17 AGE AT TIME OF
THIS DELIVERY 33 (Years)

12 PLACE OF
BIRTH

E. Boston, Mass
(City or Town) (State or country)

18 PLACE OF
BIRTH

E. Boston, Mass
(City or Town) (State or country)

13

OCCUPATION Truck Man M.T.A.

19

INFORMANT David Higgins

20 PREVIOUS DELIVERIES TO MOTHER
(Do not include this fetus)

none

(a) How many children are
now living?

1

(b) How many children were
born alive but are now
dead?

(c) How many previous fetal
deaths of ANY gestation
age?

1

21 LENGTH OF
PREGNANCY

40

completed weeks

22 WEIGHT OF FETUS
Lb. 11 1/2 Oz.
(or) Grams

11 1/2

23 WHEN DID FETUS DIE?
Before Labor.....During Labor.....Unknown.....

Unknown

24 AUTOPSY
Yes.....No.....

No

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pro/abse cord

Due To (b)

Due To (c)

OTHER SIGNIFICANT
CONDITIONS

26 Holy Cross.

Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 23

1960

27 NAME OF
FUNERAL DIRECTOR
ADDRESS

Frederick J. Magrath
45 Waldemar Ave. E. Boston

Received and filed

December 23, 1960

XX

(Registrar)

A TRUE COPY ATTEST:

I HEREBY CERTIFY that this delivery occurred on the date stated
above at 2:30 A.M., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:

A. Paul Derhagopian

M.D.

A. Paul DERHAGOPIAN M.D.
(PRINT OR TYPE SIGNATURE)

Address 39 CARY AV. CHELSEA Date Dec. 22, 1960

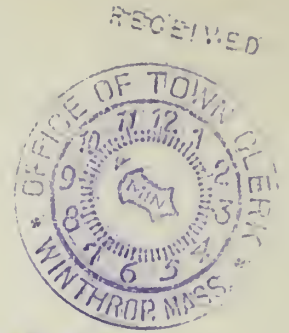
I HEREBY CERTIFY that a satisfactory certificate of fetal death
was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other

H.C. AHC
(Official Designation)

12/22/60
(Date of Issue of Permit)

FETAL DEATH



EXTRACTS OF CERTAIN SECTIONS OF CHAPTER 46 AS AMENDED OR ADDED BY CHAPTER 48.
ACTS OF 1960.

Section 2A. "Examination of records and returns of illegitimate births, or abnormal sex births, or fetal deaths, . . . shall not be permitted except . . .".

Section 9A. When a child is born dead, after a period of gestation of not less than twenty weeks, and in the fetus there is no attempt at respiration, no action of heart and no movement of voluntary muscle, the physician or officer attending at the birth of such child shall forthwith furnish for registration, at the request of an undertaker or other authorized person or of any member of the family of the deceased, a certificate of fetal death on a form which shall be prepared by the secretary of state as required by section sixteen. Town clerks shall record certificates of fetal death in the town register of deaths in the same manner as a death certificate, but they shall not be required to record such certificates in the town register of births.

Section 12. ". . . No birth record of a child born out of wedlock or of a child of abnormal sex, and no record of fetal death shall so be transmitted to any other city or town."

Section 24. In any statement of births, deaths and fetal deaths printed by a town the name of an illegitimate child or of its parents or of the parents of a child born dead shall not be printed, but the word "illegitimate" or "fetal death" shall be used in place thereof. A town violating this section shall forfeit to the mother of such child not more than one hundred dollars.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
use, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
a the terminal
condition givenChapter 137,
of 1954, requires
ians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature.

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. 277

1 PLACE OF DEATH
SUFFOLK
(County)
WINTHROP
(City or Town)No. 66 WILSHIRE
St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME MARY KOUTROUBA
(First Name) (Middle Name) (Last 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. 66 WILSHIRE 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 7 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 23 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
7/16/60 to 12/23/60
I last saw her alive on 12/23/60 death is said to
have occurred on the date stated above, at 12:00 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL VASOCULAR
ACCIDENT & LEFT HEMIPLEGIA 2mo(b) ARTERIO-SCLEROTIC &
HYPERTENSIVE HEART DYS 2YRS

(c) OTHER SIGNIFICANT CONDITIONS DECUBITUS ULCER 3WKS

Was autopsy performed? No.

What test confirmed diagnosis? CLINICAL.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Myron N. King, M.D.
MYRON N. KING, M.D.
(PRINT OR TYPE SIGNATURE)(Address) 221 PLEASANT ST. WINTHROP
WINTHROP
date 12/23/606 WINTHROP CEM. WINTHROP MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL DEC 27 1960

7 NAME OF FUNERAL DIRECTOR Philip G. Harris

ADDRESS 642 Commonwealth Ave. Boston

Received and filed DEC 27 1960

(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 ANGELO KOUTROUBA
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation: HOUSEWIFE
(Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No. 17046

16 BIRTHPLACE (City) GREECE
(State or country)

17 NAME OF FATHER JOHN CARACASIS

18 BIRTHPLACE OF FATHER (City) GREECE
(State or country)

19 MAIDEN NAME OF MOTHER PANAGIOTA TINGOS

20 BIRTHPLACE OF MOTHER (City) GREECE
(State or country)21 Informant (Address) BESSIE KORITSAS
66 WILSHIRE ST. BOSTONI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

H.C. (Official Designation)

12/27/60 (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.

JURISDICTION
MED EXAM - CALLED & DECEASED

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hosp.

2 FULL NAME Donoghue, Charles W.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Bellevue Ave., St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death... years... months... days. In place of residence... 15 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 25 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
12 PM DEC 25 60, 1960, to DEC 25 (3:00 AM) 60

I last saw him alive on ... 19... death is said to
have occurred on the date stated above, at ... m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE PULMONARY EDEMA

Due To (b) HYPERTENSIVE HEART DIS.

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 N. King, M.D.
MYRON N. KING M.D.
(PRINT OR TYPE SIGNATURE)

(Address) 222 PLEASANT ST. Date 12/25 1960

6 Place of Burial or Cremation Holy Cross, Malden
(City or Town)
DATE OF BURIAL Dec. 28, 1960

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.
ADDRESS 217 Bennington St. E. Boston

Received and filed DEC 27 1960
(Registrar)

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 278

{(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 M 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Luella Donoghue
(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: Immigrant Inspector
(Kind of work done during most of working life)

14 Industry or Business: U.S. Government

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country)

17 NAME OF FATHER Charles C. Donoghue

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country)

19 MAIDEN NAME OF MOTHER Bridget Sullivan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mrs. Luella Donoghue
(Address) 69 Bellevue Ave Winthrop

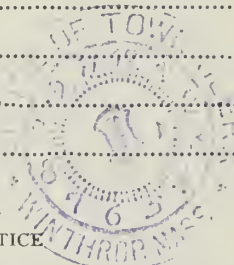
I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Raymond S. Lynam
(Signature of Agent of Board of Health or other)

HO. 12/27/60
(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.

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. 279

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 118 Woodside Ave.

(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, 10
(if so specify WAR)

2 FULL NAME Helen L. Geary (Leahy)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 118 Woodside Ave.
(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.

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
se, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
to the terminal
condition given

115

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 26, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
July 1, 1959, to Dec 26, 1960
I last saw him alive on 12/26, 1960, death is said to
have occurred on the date stated above, at 8 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

INTERVAL
BETWEEN
ONSET AND
DEATH
4 hrs

Due To (b) GENERALIZED
ARTERIO SCLEROSIS

5 yr

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? 6
If so, specify

(Signed) FRED D'ARCO, M.D.
(PRINT OR TYPE SIGNATURE)
(Address) 113 Pleasant St. Date 12/27/66

6 Place of Burial or Cremation Holyhood Brookline
(City or Town)
DATE OF BURIAL Dec. 29, 1960

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.
ADDRESS 917 Bennington St. E. Boston

Received and filed DEC 27 1960 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of John Joseph Geary
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: 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 Dennis J. Leahy

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Katherine B. Leahy

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Mrs. Ruth Grimes
(Address) 118 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)

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.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
cause, 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
ans to print or
the cause or
of death on
certificates, and
48, Acts of
requires Physi-
print or type
under signature.

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. 280

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mayflower Nursing Home
39 Grovers Ave{(If death occurred in a hospital or institution,
St. } give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Mary A. Sweeney (Kelligrew)
(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 Temple Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 28 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Sept 1954, to Jan 7 1960.
I last saw him alive on 12-27-60, 1960, death is said to
have occurred on the date stated above, at 6:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary infarct.

Due To (b) Pulmonary infarct. Emphysema
Coronary Arteriosclerosis

Due To (c) Coronary Arteriosclerosis

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) M. H. O'Connell, M. D.

(PRINT OR TYPE SIGNATURE)

(Address) 1543 No. Third St. Boston Date 12/28/1960

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 30, 1960 19

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike
ADDRESS 305 Beach St. Revere

Received and filed 12-29-60 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James Sweeney
(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: At Home (Kind of work done during most of working life)

14 Industry or Business: None (Kind of work done during most of working life)

15 Social Security No. None

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Patrick Kelligrew

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Unable to Learn

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mary E. Ormsby
(Address) 63 Temple St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation) (Date of Issue of Permit)

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.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 39 Grovers Avenue, Winthrop

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. 281

{(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 Isidore E. Pothier

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 74 Prescott Street
(Usual place of abode)St. East 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. 4 years. 3 months. 3 days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
ificates, and
48, Acts of
quires Physi-
print or type
der signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 29, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 29, 1960, to Dec 29, 1960I last saw him alive on Dec 29, 1960, death is said to
have occurred on the date stated above, at 9 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH

16 30%

Due To Hemiplegia

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Clinical Exam5 Was disease or injury in any way related to occupation of deceased? W
If so, specify(Signed) Louis E. Schaffner, M. D.
Louis E. Schaffner
(PRINT OR TYPE SIGNATURE)

(Address) 16 Bennington St. Date Dec 29, 1960

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 3rd, 1961

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby, Inc.
ADDRESS 917 Bennington St., E. Boston

Received and filed Dec 30, 1960 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 Rose (CBL)
(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 7 Months 17 Days If under 24 hours
Hours Minutes13 Usual Occupation: Seaman
(Kind of work done during most of working life)

14 Industry or Business: Ships

15 Social Security No. 038-05-1851

16 BIRTHPLACE (City) Wadsworth
(State or country) Nova Scotia

17 NAME OF FATHER Bonaventure Pothier

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Julienne (CBL)

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Mrs. Madeline L. Pothier
(Address) 74 Prescott St., E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Schaffner
(Signature of Agent of Board of Health or other)HO at Leo 30/1960
(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 STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 282

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. 132 Loring Road

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Mary Edith (Moses) Belcher
(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. 132 Loring Road
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 45 years. months. days. In place of residence. 55 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 30 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
3 April 1947, to 29 December 1960.
I last saw her alive on 27 December 1960, death is said to
have occurred on the date stated above, at 5 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Arteriosclerosis

INTERVAL
BETWEEN
ONSET AND
DEATH
3 yrs.

Due To Generalized Arteriosclerosis
(b)

10 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) Arthur C. Murray M. D.
Arthur C. Murray
(PRINT OR TYPE SIGNATURE)
(Address) Winthrop Date 3 Jan 1961

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jan 3 1961

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed JAN 3 1961 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 Alphonso W Belcher
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 5 11
Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER George W Moses

18 BIRTHPLACE OF FATHER (City) Portland
(State or country) Maine

19 MAIDEN NAME OF MOTHER Aldora Paine

20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

21 Informant Helen Chace
(Address) 40 Thornton Pk. 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. Seranne
(Signature of Agent or Board of Health or other)

H.O. Jan 3 1961
(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
e for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
use, or compli-
which caused

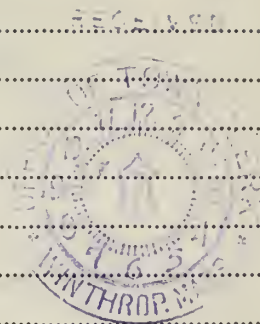
ions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
o the terminal
condition given

Chapter 137,
1954, requires
ans to print or
e cause or
of death on
rtificates, and
48, Acts of
quires Physi-
print or type
der signature.

6-59-925686

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.

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.4-59-925100

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Essex

(County)

Lynn

(City or Town)



Lynn

(City or town making return)

Registered No. 289

PLACE OF DEATH

1

No. DOA Lynn Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME George M. Moynihan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
(if so specify WAR)

no

(a) Residence. No. 45 Atlantic
(Usual place of abode)

St. Winthrop

(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 35 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 30, 1960

(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary occlusion

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

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? yes Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Edmund A. Jamino

(Signed) 181 N. Common St. Lynn 12/30/60

(Address) Holy Cross Cem. Malden Date 19

7 Place of Burial, or Cremation Jan. 3/61 (City or Town)

DATE OF BURIAL 19

8 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed 1-6-61 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX male

10 COLOR white

11 SINGLE (write the word)
MARRIED single
WIDOWED
or DIVORCED

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 58 Years -- Months -- Days If under 24 hours
Hours Minutes14 Usual Occupation: Milk Salesman
(Kind of work done during most of working life)15 Industry or Business: H.P. Hood
023-09-1853

16 Social Security No. E. Boston

17 BIRTHPLACE (City) Mass.
(State or country)

18 NAME OF FATHER Michael J. Moynihan

19 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

20 MAIDEN NAME OF MOTHER Sarah F. Alexander

21 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.22 Informant Mary F. Moynihan
(Address) 45 Atlantic St., Winthrop

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan. 3/61 19

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
e than one
e for each
(b) and (c)

does not mean
e of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
o the terminal
condition given

Chapter 137,
1954, requires
ans to print or
e cause or
of death on
artificates, and
48, Acts of
quires Physi-
print or type
nder signature.

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)

No. 142 Pleasant St.

STANDARD
CERTIFICATE OF DEATH

Registered No. 281

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Minnie Simmons

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
{(Was deceased a
U. S. War Veteran,
(if so specify WAR)

(a) Residence. No. 80 Sagamore Ave
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 1 years. months. days. In place of residence. 60 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 30, 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
December 21, 60 to Dec. 30, 60

I last saw her alive on Dec. 26, 1960, death is said to
have occurred on the date stated above, at 5:50 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic Carcinoma of Cervix

INTERVAL
BETWEEN
ONSET AND
DEATH
1 year

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Myocardial Infarction 6 mos.

Was autopsy performed? No
What test confirmed diagnosis? Biopsy of Cervix

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F. Collins M. D.

John F. Collins M. D.
(PRINT OR TYPE SIGNATURE)

(Address) Revere, Mass. Date. Dec. 31, 1960

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jan. 3, 1961

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed Jan 3 1961 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 3 Months 11 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) East Boston
(State or country) Mass

17 NAME OF FATHER William Simmons

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Lucy M *-----

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

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. Lynam
(Signature of Agent of Board of Health or other)

HO. 100 Jan 3 - 1961
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

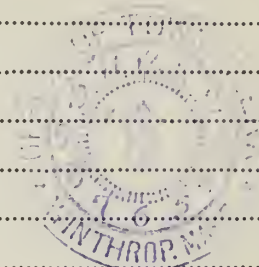
DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....



JAN - 3 1961 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.

To be filed for burial permit
with Board of Health
or its Agent111541
285JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. 321 Princeton St. E. Boston

{If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Genieva G. Colson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran, No
(if so specify WAR)(a) Residence. No. 11 Prospect Ave
(Usual place of abode)St. Winthrop, Mass
(If nonresident, give city or town and State)

Length of stay: In place of death..... years. 1 months 8 days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 22, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Van Oct. 22, 1960, to Oct. 22, 1960I last saw him alive on Oct. 21, 1960, death is said to
have occurred on the date stated above, at 3:30 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular
accident(b) arteriosclerosis
generalized

(c) Senility

INTERVAL
BETWEEN
ONSET AND
DEATH
hrsOTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Joseph D. Ward, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) 194 Washington St. Date Oct. 22, 1960

6 Winthrop Cemetery Winthrop Mass

Place of Burial or Cremation
DATE OF BURIAL October 25, 19607 NAME OF FUNERAL DIRECTOR O'Maley Funeral Home
ADDRESS Winthrop Mass

Received and filed OCT 26 1960

Charles H. Mackin (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 William W. Colson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Stephen Grady

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary A. Glancy

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Winthrop J. Colson
(Address) 11 Prospect Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Jacqueline Casey
(Signature of Agent of Board of Health or other)111541 11-24-60
(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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etc. It means
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A TRUE COPY ATTEST

Charles H. Mackie

Ch. H. Mackie

RECEIVED



JAN 12 1961 AM

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The Commonwealth of Massachusetts

JOSEPH D. WARD
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

10631

Registered No. 286

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}

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

2 FULL NAME John Moynihan

68 Beacon St. (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, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 30 days. In place of residence 31 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 26 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
October 2, 1960, to October 26, 1960
I last saw him alive on October 26, 1960, death is said to
have occurred on the date stated above, at 3:25 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHOPNEUMONIA

Due To (b) PULMONARY EMPHYSEMA

Due To (c)

OTHER SIGNIFICANT CONDITIONS COR PULMONALE

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.
(PRINT OR TYPE SIGNATURE)

(Address) Asst. Dir., Mass. Gen'l. Hosp. Date Oct. 26, 60

6 PLACE OF BURIAL OR CREMATION
St. PATRICKS ROCKLAND (City or Town)

DATE OF BURIAL OCT 28 1960

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY
ADDRESS WINTHROP

Received and filed OCT 28 1960

Phoebe A. Snackin

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 H. REARDON
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years.....Months.....Days If under 24 hours
Hours.....Minutes

13 Usual Occupation: SALES MAN
(Kind of work done during most of working life)

14 Industry or Business: ADV.

15 Social Security No. NOT KNOWN

16 BIRTHPLACE (City) CAMBRIDGE MASS
(State or country)

17 NAME OF FATHER DANIAL MOYNIHAN

18 BIRTHPLACE OF FATHER (City) IRELAND
(State or country)

19 MAIDEN NAME OF MOTHER MARY MOYNIHAN OK

20 BIRTHPLACE OF MOTHER (City) IRELAND
(State or country)

21 Informant (Address) HENRY MOYNIHAN
68 BEACON ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

11221 10-26-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTACHED

Charles S. Mackie

City Registrar

RECEIVED



JAN 12 1961 AM

SUFFOLK

(County)

BOSTON

(City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL

2 FULL NAME Mary Solari
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. Mayflower Nursing Home
(Usual place of abode) 39 Grovers Ave.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 October 28, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That deceased deceased from
October 8, 1960 to October 28, 1960
I last saw him alive on October 28, 1960 death is said to
have occurred on the date stated above, at 10:20pm

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

INTERVAL
BETWEEN
ONSET AND
DEATH

7 days

Due To (b) Infected decubitus ulcer - 4 wks

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSmetastatic carcinoma of
breast, to liver & adrenal

19 yrs

Was autopsy performed? 485

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.

Charles L. Clay, M.D.

(PRINT OR TYPE SIGNATURE)

(Address) Asa's. Dir., Mass. Gen'l. Hosp. Date 19

6 Calvary Boston, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov. 2, 19607 NAME OF FUNERAL DIRECTOR Porcella Funeral Service
ADDRESS 10 N. Bennett St., Boston

Received and filed NOV 3 1960

Charles H. Mackie (Registrar)

The Commonwealth of Massachusetts

JOSEPH D. WARD
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. 10853

{(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
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles Solari
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Not Known
(State or country) Mass.

17 NAME OF FATHER Joseph Fossa

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Louise Leverone

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Louise E. Larkin
(Address) 19 Foster Rd., BelmontI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:E. Quack
(Signature of Agent of Board of Health or other)11328 Nov. 1 - 60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie
City Registrar



JAN 12 1961 AM

CTIONS
R
RTIFICATE

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? DEATH

enter
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It means
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Chapter 137,
54, requires
s to print or
cause or
death on
ificates, and
18, Acts of
ires Physi-
rint or type
er signature.

12 1961

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)No. New England Deaconess Hospital2 FULL NAME Mr. John F. Gould(First Name) (Middle Name) (Last Name)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 145 Bartlett Road
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months 12 days. In place of residence.....47 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 16 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
November 4, 1960 to November 16, 1960
I last saw him alive on November 16, 1960, death is said to
have occurred on the date stated above, at 10:45 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarctionDue To Arterio-sclerotic heart disease yearsDue To Diabetes Mellitus 16OTHER SIGNIFICANT CONDITIONS
arterio-sclerotic pericarditis
vascular disease
old bilateral low thigh amputationWas autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) H. E. D. H., M. D.E. H. D. H.
(PRINT OR TYPE SIGNATURE)(Address) N. E. D. H. Date Nov. 17, 19606 St. Bernards Cemetery Fitchburg
Place of Burial or Cremation (City or Town)DATE OF BURIAL November 21 19607 NAME OF FUNERAL DIRECTOR Arthur J. O'MaleyADDRESS Winthrop MassReceived and filed NOV 22 1960Charles H. Mackie (Registrar)

The Commonwealth of Massachusetts

JOSEPH D. WARD
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.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(If 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
WIDOW
OR DIVORCED10a If married, widowed or divorced
HUSBAND of Anna B. Sheridan
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Retired Inspector
(Kind of work done during most of working life)14 Industry or Business: U.S. Gov't15 Social Security No. None16 BIRTHPLACE (City) Fitchburg
(State or country) Mass17 NAME OF FATHER Patrick Gould18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland19 MAIDEN NAME OF MOTHER Katherine Kennedy20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant Anna B. Gould
(Address) 145 Bartlett Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Joseph H. Mackie
(Signature of Agent of Board of Health or other)11602 11-18-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar



JAN 12 1961 AM

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHnot enter
e than one
e for each
(b) and (c)does not mean
ade of dying,
heart failure,
etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
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death but not
to the terminal
condition givenChapter 137,
of 1954, requires
cians to print or
the cause or
of death on
certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature.

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.

289

Suffolk
(County)Boston
(City or Town)STANDARD
CERTIFICATE OF DEATH

No. Mass. Memorial Hospitals

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

Registered No. 11596

PHYSICIAN — IMPORTANT

2 FULL NAME Mary Fischer (First Name) (Middle Name) (Last 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. 15 Wilshire 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.....16.....days. In place of residence 56.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 22, 1960
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Nov 6, 1960, to Nov 22, 1960I last saw her alive on Nov. 22, 1960, death is said to
have occurred on the date stated above, at 10:50 PM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Debilitation

Due To
(b)

Generalized Metastasis 2 "

Due To
(c)

Ca Simplex of Stomach 2 "

OTHER SIGNIFICANT CONDITIONS Thrombophlebitis of legs 6 mo

INTERVAL
BETWEEN
ONSET AND
DEATH
2 YRS

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) Arnold M. Illman, M. D.

ARNOLD M. ILLMAN
(PRINT OR TYPE SIGNATURE)
(Address) 750 Harrison Ave., Boston6 Holy Cross MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL NOV 26, 1960

7 NAME OF FUNERAL DIRECTOR RICHARD C. KIRBY

ADDRESS 917 BENNINGTON ST, BOSTON

Received and filed DEC 1 1960

(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 JOSEPH A. FISCHER
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 56 Years 6 Months 5 Days

If under 24 hours

Hours Minutes

13 Usual
Occupation:

HOUSEWIFE

(Kind of work done during most of working life)

14 Industry
or Business:

AT HOME

15 Social Security No. 026-22-1852

16 BIRTHPLACE (City) BOSTON,
(State or country) MASS

17 NAME OF FATHER ORAZIO FIORILLO

18 BIRTHPLACE OF

FATHER (City)

(State or country)

ITALY

19 MAIDEN NAME

OF MOTHER

MARIANNA D'ELIA

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

ITALY

21 Informant JOSEPH F. FISCHER
(Address) 15 WILSHIRE ST, WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
has been filed with me BEFORE the burial or transit permit was issued:

Jacqueline Casen

(Signature of Agent of Board of Health, or other)

11659

11-23-60

(Official Designation)

(Date of Issue of Permit)

COPI ATTEST:
Charles H. Mackie
City Registrar

RECEIVED



JAN 27 1961 AM

The Commonwealth of Massachusetts

290

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)

BOSTON, MASS.
(City or Town)

STANDARD CERTIFICATE OF DEATH

Registered No.

11757

No. PETER BENT BRIGHAM HOSPITAL

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

B.

PHYSICIAN — IMPORTANT

2 FULL NAME Richard Donovan

(Was deceased a
U. S. War Veteran, WW#1
if so specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 292 Pleasant Street,
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death...years...months29...days. In place of residence50...years...months...days.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

to not enter
more than one
use for each
(a), (b) and (c)

does not mean
mode of dying,
as heart failure,
a, etc. It means
cause, or compli-
which caused

itions, if any,
h gave rise to
e cause (a),
ng the under-
cause last.

conditions contrib-
to death but not
to the terminal
condition given

Chapter 137,
f 1954, requires
ans to print or
the cause or
of death on
certificates, and
r 48, Acts of
requires Physi-
o print or type
nder signature.

11-59-926662

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 25, 1960
(Month) (Day) (Year)

WE HEREBY CERTIFY, That we attended deceased from
Oct. 28, 1960, to November 25, 1960
We last saw him alive on November 25, 1960, death is said to
have occurred on the date stated above, at 8:40 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Lung, right

Due To Diabetes Mellitus

(b)

Due To Arteriosclerosis
(c) Obliterans

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) Leslie E. Rudolf, M. D.
DR. LESLIE E. RUDOLF
(PRINT OR TYPE SIGNATURE)

PETER BENT BRIGHAM HOSPITAL Nov. 26, 1960
(Address)

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 29, 1960

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass.

Received and filed NOV 30 1960

(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 Katherine Lyng
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Retired Salesman
(Kind of work done during most of working life)

14 Industry or Business: Candy

15 Social Security No. 1-111

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER William M. Donovan

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Gertrude Baldwin

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

21 Informant Katherine Donovan
(Address) 292 Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

E. Cusack
(Signature of Agent of Board of Health or other)

11692 Nov. 28-60
(Official Designation) (Date of Issue of Permit)

V.R.

A TRUE COPY ATTEST:

Charles R. Mackie

City Registrar

RECEIVED



JAN 27 1961 AM

The Commonwealth of Massachusetts

291

JOSEPH D. WARD
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)

BOSTON
(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 11713

No. MASSACHUSETTS MEMORIAL HOSPITALS St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. HARRIET M. NATALI (P. NATALI)
(If deceased 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. 206 BARTLETT RD. St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 4 days. In place of residence. 10 years. months. days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

In giving
EVIDENCE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

does not mean
ade of dying,
s heart failure,
a, etc. It means
cause, 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,
1954, requires
ans to print or
he cause or
of death on
certificates, and
48, Acts of
quires Physi-
print or type
under signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 11 / 26 / 60
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11 / 22 / 60, 19, to 11 / 26 / 60, 19.

I last saw her alive on 11 / 26 / 60, 19, death is said to have occurred on the date stated above, at 9:05 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCTION - ACUTE

Due To ARTERIOSCLEROTIC HEART DISEASE
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS

Was autopsy performed? YES

What test confirmed diagnosis? EKG

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

Howard D. McIntyre, Jr. M. D.
HOWARD D. MCINTYRE, JR.
(PRINT OR TYPE SIGNATURE)

(Address) Date. 19.

6 St. Mary's Cemetery, Pittsburgh, Penna.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL November 30, 1960

7 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS 210 Winthrop St Wintthrop

Received and filed NOV 30 1960

Registrar

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 (Give maiden name of wife in full) (or) WIFE of Joseph Natali (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years. Months. Days If under 24 hours Hours. Minutes

13 Usual Occupation: at home (Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) ITALY (State or country)

17 NAME OF FATHER Bartholomew Picardo

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Thomas Terrile (Address) 206 Bartlett Rd Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEF. Registrar's Office (Signature of Agent of Board of Health or other)

Official Designation Date of Issue of Permit

RECEIVED
Charles H. Mackie
City Registrar

RECEIVED



JAN 27 1961 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.

PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)

No. Beth Israel Hosp

STANDARD
CERTIFICATE OF DEATH

Registered No. 12845

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Rebecca Goldstein
(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. 43 Dolphin Avenue, Waltham St. Waltham
(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.....5.....years.....months.....days.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

to not enter
more than one
use for each
, (b) and (c)

does not mean
mode of dying,
is heart failure,
a, etc. It means
cause, or compli-
which caused

153.8.

itions, if any,
h gave rise to
e cause (a),
g the under-
cause last.

nditions contrib-
o death but not
to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates, and
48, Acts of
quires Physi-
o print or type
nder signature.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 21 1960
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec 14 1960 to Dec 21 1960

I last saw her alive on Dec 21 1960, death is said to
have occurred on the date stated above, at 7:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary edema

Due To GI malignancy - terminal
(b) (GASTRO-INTESTINAL)

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) Louise Hanauer, M. D.
(PRINT OR TYPE SIGNATURE)
(Address) 330 Brookline Ave Date Dec 21 1960

Place of Burial or Cremation Beth Israel Hosp, Waltham
DATE OF BURIAL Dec 22 1960

7 NAME OF FUNERAL DIRECTOR Jory Funeral Service Inc
ADDRESS Brookline

Received and filed DEC 27 1960

Charles P. 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 Bernard Goldstein
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years - Months - Days If under 24 hours
Hours - Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER C.B.L. Wanetick

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER C.B.L.

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant (Address) 43 Dolphin Ave Waltham

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

J. Casey (Signature of Agent of Board of Health or other)

60051 12-22-60
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



JAN 27 1961 AM

