

Thomas Edison & Co. Inc.  
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8-37889

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FORM R-301

Filed for burial permit  
by Board of Health  
or its Agent.

INSTRUCTIONS  
FOR  
VITAL CERTIFICATE

PRINT OR TYPE  
USE OR CAUSES  
OF DEATH

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

This does not mean  
mode of dying,  
as heart failure,  
emia, etc. It means  
disease, or compli-  
cations which caused  
death.

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

Conditions contrib-  
uting to death but not  
leading to the terminal  
cause condition given  
(a).

## The Commonwealth of Massachusetts

5-39889

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 1

PLACE OF DEATH

1

(County)

(City or Town)

No.

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

## PHYSICIAN - IMPORTANT

2 FULL NAME *L. Roy C. Little*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a  
U. S. War Veteran, *Army*  
if so specify WAR) *W.W.I.*(a) Residence. No. *23 Lincoln St.* St. *Sum. 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 *6* years... months... days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *January 1 66*  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
*Dec 22*, 19*65*, to *Jan 1*, 19*66*  
I last saw him alive on *Dec 30*, 19*65* death is said to  
have occurred on the date stated above, at *7:15 P.M.*

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *anemia*  
Due To (b) *neuro sclerosis*  
Due To (c) *congestive heart failure*  
*Diabetes mellitus*INTERVAL  
BETWEEN  
ONSET AND  
DEATH*2 yrs.*  
*2 yrs*OTHER SIGNIFICANT CONDITIONS  
*congestive heart failure*  
*Diabetes mellitus*Was autopsy performed? *No*What test confirmed diagnosis? *BUN, ATIA, Hump*5 Was disease or injury in any way related to occupation of deceased *No*  
If so, specify(Signature) *H. B. Greenfield*, M. D.

(Print or Type Name)

(Address) *441 Shipleys St* Date *1-1 1966*6 *Sum. Mass*  
Place of Burial or Cremation (City or Town)DATE OF BURIAL *Jan 4 1966*7 NAME OF FUNERAL DIRECTOR *H. C. Goodrich*ADDRESS *1128 Washington St*  
*Sum. Mass*Received and filed *JAN 3 1966* 19*John A. Clark*

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR *White* 10 SINGLE (write the word)MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN *Single*11 If married, widowed, or divorced  
HUSBAND of *(Give maiden name of wife in full)*(or) WIFE of *(Husband's name in full)*12 AGE *71* Years *6* Months *10* Days If under 24 hours  
Hours Minutes13 Usual Occupation *Ins. Small Aircraft Division*  
(Kind of work done during most working life)14 Industry or Business *Gen. Elec. Co. (Retired)*15 Social Security No. *634-03-3042A*16 BIRTHPLACE (City) *Bath, Maine*  
(State or country)17 NAME OF FATHER *Charles Little*18 BIRTHPLACE OF FATHER (City) *Bath, Maine*  
(State or country)19 MAIDEN NAME OF MOTHER *Hellie Scott*20 BIRTHPLACE OF MOTHER (City) *Bath, Maine*  
(State or country)21 Informant *Donald R. Ballen*  
(Address) *132 Marianna St Sum. Mass*I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:*Paul C. Goffney*  
(Signature of Agent of Board of Health or other)*Director of Public Health* 1/3/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:



# SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

Sept 3 1918 Yarmouth Maine

DATE OF DISCHARGE

January 28 1919 Bangor Station N.J.

RANK, RATING

Private

ORGANIZATION AND OUTFIT

42 Infantry Machine Gun Co.

SERVICE NUMBER

# 4 193 623.

## RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 3 1966 AM



RECEIVED

For burial permit  
rd of Health  
s Agent.

DUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

not 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 caused

ions, if any,  
gave rise to  
cause (a),  
the under-  
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ditions contrib-  
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condition given

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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP.

(City or Town making this return)

SUFFOLK

(County)

WINTHROP, MASS.

(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 HANNAH GREENHUT

(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) Permanent Residence. No. 34 TRIDENT AVE.,

St. WINTHROP, MASS.

(City or town and State)

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

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN 5 1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from  
Jan. 43 to Jan. 5, 1966

I last saw her alive on Jan. 4, 1966 death is said to  
have occurred on the date stated above, at 4:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pyelonephritis.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

20yrs.

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Surgical removal of left kidney

15yrs.

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

(Signature) Charles Liberman M. D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS. Date 1/5/ 1966

6 Mt Lebanon W. Rox

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL JAN 6 1966

7 NAME OF FUNERAL DIRECTOR Stantby Chapel

ADDRESS 1668 Beacon St. Brookline

Received and filed JAN 6 1966

John A. Clark

(Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

FEMALE White

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN MARRIED

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Samuel GREENHUT

(Husband's name in full)

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.

620-36-0683

16 BIRTHPLACE (City).

Russia

(State or country)

17 NAME OF

FATHER

ABRAHAM KATZ

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

KURT GREENHUT

(Address)

566 HAMMOND DR MORRISVILLE P.A.

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

Paul C. Gaffney Jr.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1/6/66

O.K.

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

JAN - 6 1966 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.



FORM R-301

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

3

STANDARD  
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

No.

Bay View Nursing Home

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

PHYSICIAN — IMPORTANT

2 FULL NAME

Stella May Hamilton (Dean)  
(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.

(Usual place of abode)

44 Buchanan St

St.

(City or town and State)

Length of stay: In place of death 2 years.....months.....days. In place of residence 25 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

JAN.

6

1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

JAN.

1955

to JAN.

6

1966

I last saw her alive on Jan. 5, 1966, death is said to  
have occurred on the date stated above, at 12:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion.

(b) Due To

Hypertension and generalized

(c) Due To

ARTERIOsclerosis

OTHER  
SIGNIFICANT  
CONDITIONSARTERIOsclerotic Heart  
Disease  
LEFT HEMIPARESIS.

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

(Signature)

Charles Liberman  
CHARLES LIBERMAN

M. D.

(Address)

WINTHROP, MASS. Date 1/8/1966

6

Winthrop

Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan 8 1966

7 NAME OF  
FUNERAL DIRECTOR

Ernest Plaggon

ADDRESS

147 Winthrop St Winthrop

Received and filed

JAN 10 1966

19

John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

DIVORCED

UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Ulysses S. Hamilton

(Husband's name in full)

12

AG

75

years

5

Months

25

Days

If under 24 hours

Hours

Minutes

13

Usual

Occupation

Housewife

(Kind of work done during most of working life)

14

Industry

or Business

at Home

15

Social Security No.

16

BIRTHPLACE (City)

Taunton

(State or country)

Mass

17 NAME OF

FATHER

Clarence Dean

18

BIRTHPLACE OF

FATHER (City)

Berkley

(State or country)

Mass

19

MAIDEN NAME

OF MOTHER

Mayra J. Bugbee

20

BIRTHPLACE OF

MOTHER (City)

Taunton

(State or country)

Mass

21 Informant

Frank Hill

(Address)

41 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:

Paul C. Gaffney

(Signature of Agent of Board of Health or other)

Director of Public Health

1/8/66

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

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

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RULES OF PRACTICE

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

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

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

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

*1771*  
**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 4

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



Winthrop Community Hospital

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

PHYSICIAN — IMPORTANT

2 FULL NAME Rose E. McENaney  
(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) Permanent Residence. No. 74 Washington Ave. Winthrop  
(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 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN 2 1966 to JAN 7 1966

I last saw him live on JAN 7 1966 death is said to have occurred on the date stated above, at 8:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) NEPHROSCLEROSIS 2 yrs.

Due To (b) GENERAL ARTERIOSCLEROSIS 1 yr.

Due To (c) AND ARTERIOSCLEROTIC HEART DIS. 2 yrs

OTHER SIGNIFICANT CONDITIONS SENILE PSYCHOSIS 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

(Signature) Myron N. King, M. D.  
(Print or Type Name) MYRON N. KING MD

(Address) Winthrop Date JAN 7 1966

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

DATE OF BURIAL JAN 10 1966

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed JAN 10 1966

A TRUE COPY ATTEST:

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

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

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

12 AGE 83 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business Retired

15 Social Security No. CHAL 033-34-4806

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

17 NAME OF FATHER JAMES P. McENANEY

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

19 MAIDEN NAME OF MOTHER Lucy Martin

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

21 Informant JAMES HENNESSEY  
(Address) 74 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) Paul C. Gaffney Jr.  
(Official Designation) Director of Public Health (Date of Issue of Permit) Jan 8, 1966



SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

JAN 10 1966 PM

#### 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.

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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 5

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

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR) 1/0

(a) Permanent Residence. No. 50 PEARL AVE., St. WINTHROP, MASS.  
(City or town and State)

Length of stay: In place of death 2 years 2 months 2 days. In place of residence 3 years 4 months 4 days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Dec 10 1965 to January 8 1966

I last saw him alive on Jan 8 1966 death is said to  
have occurred on the date stated above, at 11:25 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) congestive heart failure

Due To (b) arterial hypertension

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

(Signature) H.B. Greenfield, M.D.  
H.B. Greenfield  
447 Shawmut St. (Print or Type Name)  
(Address) WINTHROP Date 1-9 1966

6 TEREETH ISRAEL EVERETT  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JAN 9 1966

7 NAME OF FUNERAL DIRECTOR Stanley Chapel  
ADDRESS 668 Beacon St. Brookline, Mass.

Received and filed JAN 10 1966

A TRUE COPY ATTEST:

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced  
HUSBAND of SOPHIE ELMAN  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

12 AGE 73 Years Months Days If under 24 hours  
Hours Minutes

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

14 Industry or Business RETIRED

15 Social Security No. 021-28-2921

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

17 NAME OF FATHER YESHIA CASDAN

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

19 MAIDEN NAME OF MOTHER YENTA C.B.Z.

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

21 Informant STANLEY CASDAN

(Address) 107 HARTMAN, NEWTON

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

Paul C. Gaffney (B)

(Signature of Agent of Board of Health or other)

Director of Public Health 1/9/66

(Official Designation) (Date of Issue of Permit)

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

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#### RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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



or burial permit  
rd of Health  
Agent.

DUCTIONS  
FOR  
CERTIFICATE

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DEATH

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C.

Suffolk

Winthrop

235 Main Street

Ralph Minichiello

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

(a) Permanent Residence. No.

235 Main Street

St.

Winthrop

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 10, 1966  
(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 6:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due

Due To natural causes.

(b) Winthrop Board of Health

(c) Charles Liberman, MD

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

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

(Signature) Charles Liberman, M.D.

238 Shore Drive, Winthrop (Print or Type Name) 1/10 66  
(Address) Date 19

6 St. Michael Cemetery Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 14 1966

7 NAME OF FUNERAL DIRECTOR Vincent R. Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed JAN 11 1966

John A. Gark

(Registrar)

STANDARD  
CERTIFICATE OF DEATH

WINTHROP

6

## PHYSICIAN — IMPORTANT

1. 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 DIVORCED married UNKNOWN

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

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

12 AGE 85 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 Nicola Minichiello

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

19 MAIDEN NAME OF MOTHER Chiara Moccia

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

21 Informant Rose Minichiello (wife)  
(Address) 235 Main St., Winthrop, Mass.

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

Paul C. Gaffney  
(Signature of Agent of Board of Health or other)  
Director of Public Health - 1/10/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 89 Tafts Ave

STANDARD  
CERTIFICATE OF DEATH

Registered No. 17

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

PHYSICIAN — IMPORTANT

2 FULL NAME Edwin C Varley  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a  
U. S. War Veteran, WW 1  
if so specify WAR)(a) Permanent Residence. No. 89 Tafts Ave. St. Winthrop Mass.  
(Usual place of abode) (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 JAN 10 1966  
(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 6:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due

(b) Due to natural causes, probably

(c) Due to acute coronary occlusion on basis of history

OTHER SIGNIFICANT CONDITIONS Winthrop Board of Health 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

(Signature) Charles Liberman, M.D.  
CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS. Date 1/12/1966

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

DATE OF BURIAL Jan. 13 1966

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS Winthrop

Received and filed JAN 13 1966

John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED DIVORCED UNKNOWN Married11 If married, widowed, or divorced  
HUSBAND of Margaret E Boughan  
(Give maiden name of wife in full)(or) WIFE of.....  
(Husband's name in full)12 AGE 72 Years..... Months..... Days If under 24 hours  
.....Hours.....Minutes13 Usual Occupation Postal Clerk  
(Kind of work done during most of working life)

14 Industry or Business Post Office

15 Social Security No. 025-34-8411

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

17 NAME OF FATHER Patrick Varley

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

19 MAIDEN NAME OF MOTHER Mary Mitchell

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

21 Informant Margaret E Varley

(Address) 89 Tafts 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:

David C. Gaffney (Signature of Agent of Board of Health or other)

Director of Public Health Jan 12, 1966  
(Official Designation) (Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....Oct 17, 1917.....

DATE OF DISCHARGE.....Jan 29, 1919.....

RANK, RATING .....Shauffeur.....

ORGANIZATION AND OUTFIT.....Army Air Corps.....

SERVICE NUMBER.....11 61662.....

#### 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 13 1966 AM

PLACE OF DELIVERY

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP COMMUNITY HOSPITAL

2 NAME OF FETUS STILLBORN MALE LAWRENCE  
(if given)

The Commonwealth of Massachusetts

KEVIN H. WHITE

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. 8

St. } (If death occurred in a hospital or institution,  
give its NAME instead of street and number)3 DATE OF DELIVERY JAN 11 1966  
(Month) (Day) (Year)4 SEX ☒ Male ☐ Female ☐ Undetermined 5 COLOR (if determined) WH 6 THIS BIRTH (Check one) Single ☒ Twin ☐ Triplet 7 IF MULTIPLE BIRTH, BORN: 1st 2nd 3rd8 FATHER  
FULL NAME JOSEPH X. LAWRENCE9 RESIDENCE, NO. 631 SARATOGA STREET  
CITY OR TOWN E. BOSTON STATE MASS

10 COLOR OR RACE WH 11 AGE AT TIME OF THIS DELIVERY 36 (Years)

12 PLACE OF BIRTH E. BOSTON MASS.  
(City or Town) (State or country)

13 OCCUPATION PILE DRIVER

14 MOTHER  
MAIDEN NAME RUTH R. STODDARD  
PRESENT NAME RUTH R. LAWRENCE15 RESIDENCE, NO. 631 SARATOGA STREET  
CITY OR TOWN E. BOSTON STATE MASS

16 COLOR OR RACE WH 17 AGE AT TIME OF THIS DELIVERY 36 (Years)

18 PLACE OF BIRTH E. BOSTON MASS.  
(City or Town) (State or country)

19 INFORMANT Joseph LAWRENCE

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 fetal deaths of ANY gestation age?

21 LENGTH OF PREGNANCY 42 completed weeks 22 Weight Lb. 8 Oz. 3 OF FETUS (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) Meconium plug syndrome.  
Meconium

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

26 HOLY CROSS MALDEN  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 1/13 1966

27 NAME OF FUNERAL DIRECTOR DI PIETRO & VAZZA  
ADDRESS 11 HENRY STREET EAST BOSTON

Received and filed JAN 12 1966 19

A TRUE COPY ATTEST:

I HEREBY CERTIFY that this delivery occurred on the date stated above at 3:25 P.M., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:

MARION C. SABIA M.D.

(PRINT OR TYPE NAME)

Address 241 Maverick St East Boston, Mass Date Jan 11 1966

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

Paul C. Gaffney (mark)  
(Signature of Agent of Board of Health or other)Director of Public Health 1/12/66  
(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.



M R-303

for burial permit  
Board of Health  
its Agent.

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.

100M-5-64-938000

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

WINTHROP

(City or Town making this return)

Registered No. 9

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 ROBERT ISRAEL PROMISEL  
(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) WN I

(a) Permanent Residence. No 5 Coral Avenue, Winthrop St. Winthrop  
(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 13, 1966  
(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.

Michael A. Luongo, M.D.

(Print or Type Name)

(Address) Boston Date 1/13 1966

7 Sharon Memorial Park Sharon

Place of Burial or Cremation. (City or Town)

DATE OF BURIAL January 16 1966

8 NAME OF FUNERAL DIRECTOR Paul R. Levine

ADDRESS 470 Harvard St., Brookline

Received and filed JAN 17 1966 19

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

12 If married, widowed, or divorced  
HUSBAND of Josephine Goldsmith  
(Give maiden name of wife in full)

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

13 AGE 69 Years Months Days If under 24 hours  
Hours Minutes

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

15 Industry or Business: Glassware

16 Social Security No. 030-07-4774

17 BIRTHPLACE (City) Chelsea  
(State or country)

18 NAME OF FATHER Morris Fromisel

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

20 MAIDEN NAME OF MOTHER Jennie (unknown)

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

22 Informant Mrs. Josephine Promisel  
(Address) 5 Coral Ave., Winthrop

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

Paul C. Giffney  
(Signature of Agent or Board of Health or other)

Director of Public Health 1/15/66  
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE ..... 9/3/18

DATE OF DISCHARGE ..... 7/30/19

RANK, RATING ..... Y 3/c

ORGANIZATION AND OUTFIT ..... USN

SERVICE NUMBER ..... 153 94 27

RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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  
CERTIFICATEgiving  
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of 1954, requires  
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50M-5-55-915025

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)No. ~~122~~ Cliff House Nursing Home

2 FULL NAME HARRY P. MUNDY

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

(a) Residence. No. 264 Ocean  
(Usual place of abode)St. Lynn  
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 11 days. In place of residence 8 years..... months..... days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 14, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
January 4, 1966, to January 14, 1966I last saw him alive on January 14, 1966, death is said to  
have occurred on the date stated above, at 9.45 P.DISEASE OR CONDITION  
DIRECTLY LEADING

TO DEATH (a) Bronchopneumonia

INTERVAL  
BETWEEN ONSET  
AND DEATH

3 Days

ANTECEDENT  
CAUSES(b) Generalized  
ArteriosclerosisFew  
yearsDue To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS Old Age.Major findings:  
Of operations..... None

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

What test confirmed diagnosis? Clinical Findings

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

If so, specify

(Signed) John F. Coe, M.D.  
(Address) Revere, Mass. Date 15 Jan. 19666 Pine Grove, Lynn, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 1/17/66 19

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella

ADDRESS Revere, Mass.

Received and filed. Jan 17 1966 19

John A. Clark

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

Registered No. 10

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

PHYSICIAN — IMPORTANT

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

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)  
MARRIED WIDOWED Widowed  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Adelaide not known  
(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 10-27 Years 2 Months 17 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Retired - Shoe Manf.  
(Kind of work done during most of working life)

14 Industry or Business: Shoe Findings

15 Social Security No.

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

17 NAME OF FATHER William Mundy

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

19 MAIDEN NAME OF MOTHER Louise Not known

20 BIRTHPLACE OF MOTHER (City) Nova Scotia  
(State or country)21 Informant Preston T. Mundy  
(Address) 162 Endicott Ave., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:Paul C. Gaffney  
(Signature of Agent of Board of Health or other)  
Director of Public Health Jan. 17, 1966  
(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



KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH  
(STILLBIRTH)

Registered No. 11

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)

2 NAME OF FETUS Baby Boy Paci  
(if given)

3 DATE OF DELIVERY 1 15 66  
(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 FATHER

FULL NAME Philip Paci

9 RESIDENCE, NO. 425 Saratoga St., STREET  
CITY OR TOWN East Boston STATE Mass.

10 COLOR OR RACE wh

11 AGE AT TIME OF THIS DELIVERY 38 yrs

12 PLACE OF BIRTH Boston  
(City or Town)

Winthrop, Mass.  
(State or country)

13 OCCUPATION Welder

MOTHER

14 MAIDEN NAME Josephine Vella

PRESENT NAME Josephine Paci

15 RESIDENCE, NO. 425 Saratoga St., STREET  
CITY OR TOWN East Boston STATE Mass.

16 COLOR OR RACE wh

17 AGE AT TIME OF THIS DELIVERY 38 yrs

18 PLACE OF BIRTH Boston  
(City or Town)

Winthrop, Mass.  
(State or country)

19 INFORMANT Philip Paci

20 PREVIOUS DELIVERIES TO MOTHER  
(Do not include this fetus) 1

(a) How many children are now living? 3

(b) How many children were born alive but are now dead? none

(c) How many previous fetal deaths of ANY gestation age? none

21 LENGTH OF PREGNANCY completed weeks 25

22 Weight Lb. - Oz.  
OF FETUS (or Grams)

23 WHEN DID FETUS DIE?  
Before Labor During Labor Unknown

24 AUTOPSY Yes No

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Premature Separation Placenta

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

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

DATE OF BURIAL January 18 19 66

27 NAME OF FUNERAL DIRECTOR James Rapiro

ADDRESS 9 Chelsea St. E. Boston

Received and filed JAN 18 1968 19

John A. Clark  
(Registrar)

A TRUE COPY ATTEST:

I HEREBY CERTIFY that this delivery occurred on the date stated above at 11:45 P.M., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:

Francis P. Schraffa M.D.

FRANCIS P. SCHRAFFA

(PRINT OR TYPE NAME)

Address 104 BENNINGTON ST Date 1/16 19 66  
E. BOSTON

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

Paul C. Goffney B)

(Signature of Agent of Board of Health or other)

Director of Public Health Jan 18-66

(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.



FORM R-301

or burial permit  
rd of Health  
s Agent.

DUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

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

does not mean  
de of dying,  
heart failure,  
etc. It means  
cause, 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

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 12

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



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

2 FULL NAME Mary I. Finn (Sheehan) (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) Permanent Residence. No. 106 Grand View Ave St.  
(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 January 20 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Jan 19 1965 to Jan 20 1966  
I last saw her alive on Jan 19 1966, death is said to  
have occurred on the date stated above, at 7:00 a.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) myocardial heart yr  
(b) arteriosclerosis yr  
(c) senility yr

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

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

(Signature) Joseph H. Regan M. D.  
(Print or Type Name) Joseph H. Regan

(Address) 194 Woburn St. Boston 15-20 1966

6 Immaculate Conception Lawrence  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 22 1966

7 NAME OF FUNERAL DIRECTOR John H. Sinner

ADDRESS 329 Barker Hill St Charlestown

Received and filed JAN 21 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Richard Finn (Husband's name in full)

12 AGE 83 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) Haverhill  
(State or country) Mass

17 NAME OF FATHER Jeremiah Sheehan

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

19 MAIDEN NAME OF MOTHER Hannah Lane

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

21 Informant Gerry Minichiello

(Address) 106 Grand 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)  
Director of Public Health Jan 21 1966  
(Official Designation) (Date of Issue of Permit)

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

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RULES OF PRACTICE

JAN 21 1966 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 Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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

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.)

100M-5-6U-938000

PLACE OF DEATH  
1

~~Middlebury~~  
(County)  
**Cambridge**  
(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

**Cambridge**  
(City or Town making this return)  
**13**

COPY OF  
CERTIFICATE OF DEATH

Registered No. **98**

No. **Mount Auburn Hospital**

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

2 FULL NAME **Winthrop Cleveland Horton**  
(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) Permanent Residence. No. **22 Siren St.**

St. **Winthrop, Mass.**  
(City or town and State)

Length of stay: In place of death **23** years **2** months **23** days. In place of residence **15** years **0** months **0** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **January 20, 1966**  
(Month) (Day) (Year)  
4 I HEREBY CERTIFY, That I attended deceased from **1966**, 19 **Jan. 20**, 19 **66**  
I last saw him alive on **Jan. 10, 1966**, death is said to have occurred on the date stated above, at **5:15 a.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Hepatic Cirrhosis**

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH  
**5 yrs.**

Was autopsy performed? **no**  
What test confirmed diagnosis? **many liver tests**

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

(Signature) **GEO. W. Waring, Jr.**, M. D.

(Address) **1 Craigie St. Cambridge** Date **Jan. 20, 1966**

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

DATE OF BURIAL **Jan. 23, 1966**

7 NAME OF FUNERAL DIRECTOR **Alfred D. Marsh**

ADDRESS **174 Winthrop St. Winthrop**

Received and filed **FEB 8 1966**

**John A. Clark**  
(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**  
**DIVORCED**  
**UNKNOWN** **Married**

11 If married, widowed, or divorced  
HUSBAND of **Margaret Esther Wood**  
(Give maiden name of wife in full)

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

12 AGE **50** Years **11** Months **5** Days If under 24 hours  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_

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

14 Industry or Business: **B.F. Goodrich Co.**

15 Social Security No. **013-03-7777**

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

17 NAME OF FATHER **Charles Horton**

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

19 MAIDEN NAME OF MOTHER **Annie Robinson**

20 BIRTHPLACE OF MOTHER (City) **Dundee**  
(State or country) **Scotland**

21 Informant **Mrs. Winthrop C. Horton**

(Address) **22 Siren St. Winthrop, Mass.**

A TRUE COPY

ATTEST: **Thomas D. Damara**  
(Registrar of City or Town where death occurred)

DATE FILED **Jan. 21, 1966**

**0.13. WAR**



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....



for burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

not enter  
e than one  
e 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-  
o death but not  
to the terminal  
condition given

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Cliff House Nursing Home

Henry H Brown

2 FULL NAME

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

(a) Residence. No. 34 St Andrews Rd.  
(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years.....months.....days. In place of residence 99 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN. 21 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
July 19, 1963 to JAN. 21, 1966

I last saw him alive on JAN. 21, 1966, death is said to

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

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC HEART DISEASE 5 YRS

(b) GENERALIZED ARTERIOSCLEROSIS 6 YRS

(c) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS BRONCHOPNEUMONIA 2 DAYS  
DIABETES MELLITUS 3 YRS

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL &amp; LABORATORY

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

(Signature) M. TRANSMUTH M. D.

(Print or Type Name) M. TRANSMUTH JR. (M.D.)

(Address) 73 BARTLETT RD., WINTHROP, MASS. Date JAN. 21, 1966

6 Woodlawn Crematory Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 25 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass

Received and filed JAN 24 1966

John A. Glavin

(Registrar)

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

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)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

Male

White

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Sing

11 If married, widowed, or divorced

HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)12 AGE 100 years 4 Months 8 Days If under 24 hours  
Hours Minutes13 Usual Occupation Superintendent  
(Kind of work done during most working life)

14 Industry or Business: Surgical Supply Co

15 Social Security No. 011-36-0220

16 BIRTHPLACE (City) West Townsend  
(State or country) Mass

17 NAME OF FATHER William H Brown

18 BIRTHPLACE OF FATHER (City) \_\_\_\_\_  
(State or country) Norway

19 MAIDEN NAME OF MOTHER Malissia Morgan

20 BIRTHPLACE OF MOTHER (City) \_\_\_\_\_  
(State or country) Unable to obtain

21 Informant (Address)

Alf C Lootz

39 Maple St. Kingston, Mass

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

Paul C. Gaffney

(Signature of Agent of Board of Health or other)

Director of Public Health Jan 24 1966

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

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.



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.)

100M-5-64-938000

X

PLACE OF DEATH

Middlesex  
 (County)

Cambridge  
 (City or Town)



KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

COPY OF  
 CERTIFICATE OF DEATH

(Certifying this return)

Registered No. 113 15

No. Sancta Maria Hospital-350 Memorial Dr.  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Marie Distasio (Wife)  
 (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) Permanent Residence. No. 45 Cottage Park Road St. Winthrop, Mass.  
 (City or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 24, 1966  
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 19, 64, to Jan. 24, 1966  
 I last saw her live on Jan. 24, 1966 death is said to have occurred on the date stated above, at 4: P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of the liver

Due To (b) Carcinoma of the Rectum

Due To (c)

OTHER SIGNIFICANT CONDITIONS Ascites, Pleural effusion

Was autopsy performed? no  
 What test confirmed diagnosis? surgery July 1964

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

(Signature) William D. Tompkins, M. D.

(Address) 20 Comm. Ave. Date 1-24-1966  
 Boston, Mass.

6 Holy Cross Con. Welden, Mass.  
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 27, 1966

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

ADDRESS 917 Pennington St. E. Boston

Received and filed FEB 8 1966

John A. Clark  
 (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 DIVORCED UNKNOWN

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph Distasio (Husband's name in full)

12 AGE 59 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. 1888

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

17 NAME OF FATHER Jacob Heil

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

19 MAIDEN NAME OF MOTHER Matilda Luckman

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

21 Informant Mr. Frank H. Distasio (son)

(Address) 203 Conder St. E. Boston

A TRUE COPY

ATTEST: Thomas M. Amara  
 (Registrar of City or Town where death occurred)

DATE FILED Jan. 25, 1966

X

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RECEIVED



FEB 18 1966 AM

1966  
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Board of Health  
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Suffolk

(County)

Winthrop

(City or Town)

No. 36 Marshall St.

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

Registered No.

16

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

PHYSICIAN — IMPORTANT

2 FULL NAME Charles E Gundersen  
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a  
U. S. War Veteran, W W 1  
if so specify WAR)(a) Permanent Residence. No. 36 Marshall St. Winthrop  
(Usual place of abode) (City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN. 25. 1966  
(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 4:30A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due

Due To (b) to natural causes.

Due To (c) Winthrop Community Hosp.

OTHER SIGNIFICANT CONDITIONS Charles Liberman M.D.

Was autopsy performed? No

What test confirmed diagnosis?

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

(Signature) Charles Liberman, M. D.

CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS. Date 1/25/66

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

DATE OF BURIAL Jan 27 1966

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS Winthrop

Received and filed JAN 25 1966

John A. Lane  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Alice H Curtiss  
(Give maiden name of wife in full)

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

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

14 Industry of Business U.S. Army Eng.

15 Social Security No. None

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

17 NAME OF FATHER Charles Gundersen

18 BIRTHPLACE OF FATHER (City) Norway  
(State or country)19 MAIDEN NAME OF MOTHER Roulet (Unknown)  
Mary20 BIRTHPLACE OF MOTHER Norway  
(State or country) East Boston, Mass.21 Informant Alice Gundersen  
(Address) 36 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:Paul C. Giffney  
(Signature of Agent of Board of Health or other)  
Director of Public Health 1/26/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:



SPACE FOR ADDITIONAL INFORMATION.....  
 DATE OF ENTERING MILITARY SERVICE..... July 1 1918  
 DATE OF DISCHARGE..... April 17 1919  
 RANK, RATING..... Private 151 st Depot Brigade<sup>d</sup> Army  
 ORGANIZATION AND OUTFIT..... Army  
 SERVICE NUMBER..... 2795833

#### RULES OF PRACTICE

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

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

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

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

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

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



for burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
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DEATH

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to the terminal  
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PLACE OF DEATH

1

2 FULL NAME

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

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN 25 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
MARCH 1964, to JAN 25 1966  
I last saw he alive on JAN 24 1966, death is said to  
have occurred on the date stated above, at 4:55 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage 2 days.  
(b) Cerebral Arteriosclerosis 5 yrs.

Due To  
(c)

OTHER SIGNIFICANT CONDITIONS Colon, Fistula 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

(Signature) Charles Lieberman, M. D.  
(Print or Type Name)  
(Address) WINTHROP, MASS. Date 1/25/1966

6 Holy Cross Cemetery 1 Eden, 1 ss  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 28, 1966

7 NAME OF FUNERAL DIRECTOR William J. Million  
ADDRESS 1 Prague St. Deyere, 1 ss.

Received and filed JAN 25 1966

A TRUE COPY ATTEST:



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Registered No. 17

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

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, 10  
if so specify WAR)

St. Winthrop, 1 ss  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Michael J. Pidgeon  
(Husband's name in full)

12 AGE 72 Years 9 Months 15 Days If under 24 hours  
AGE Years Months Days Hours Minutes

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

14 Industry or Business + None

15 Social Security No. none

16 BIRTHPLACE (City) Ireland  
(State or country)

17 NAME OF FATHER Patrick Clancy

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

19 MAIDEN NAME OF MOTHER Catherine Pelly

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

21 Informant Dr. Catherine Triscoll  
(Address) 69 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:  
Paul C. Giffney (3)  
(Signature of Agent of Board of Health or other)  
Director of Public Health Jan 25, 1966  
(Official Designation) (Date of Issue of Permit)

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

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RULES OF PRACTICE

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

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

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

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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



KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

Winthrop  
 (City or Town making this return)

PLACE OF DEATH

Suffolk  
 (County)

Winthrop  
 (City or Town)

No. 57 Pleasant Street

STANDARD  
 CERTIFICATE OF DEATH

Registered No. 18

For burial permit  
 Board of Health  
 its Agent.

INSTRUCTIONS  
 FOR  
 FILLING OUT  
 THIS CERTIFICATE

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

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

PHYSICIAN — IMPORTANT

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

(a) Permanent Residence, No. 57 Pleasant Street  
 (Usual place of abode)

(City or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 26 1966  
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
 Nov. 13, 1965, to Jan. 26, 1966.

I last saw him alive on Jan. 24, 1966 death is said to  
 have occurred on the date stated above, at 3:15 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarction 15 min

Due To Arteriosclerotic and hy-  
 (b) pertensive heart disease 2 yrs

Due To Generalized arteriosclerosis  
 (c) 4 yrs

OTHER  
 SIGNIFICANT  
 CONDITIONS

Was autopsy performed? NO  
 What test confirmed diagnosis Clinical & laboratory

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

(Signature) M. Traunstein, Jr., M.D.

(Print or Type Name)  
 M. Traunstein, Jr., M.D.

(Address) 73 Bartlett Rd. Date Jan. 27, 1966  
 Winthrop, Mass. 02152

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

DATE OF BURIAL January 28, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop.

Received and filed JAN 28 1966

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

(or) WIFE of Joseph Frank Harank  
 (Husband's name in full)

12 AGE 74 Years 10 Months 19 Days If under 24 hours  
 Hours Minutes

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

14 Industry or Business Own Home

15 Social Security No. 025-26-4327-B

16 BIRTHPLACE (City) England  
 (State or country)

17 NAME OF FATHER Thomas Pepper

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

19 MAIDEN NAME OF MOTHER Mary Taylor

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

21 Informant Joseph F. Harank

(Address) 57 Pleasant St. Winthrop

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

(Signature of Agent of Board of Health or other)  
 Director of Public Health Jan 28, 1966  
 (Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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.

burial permit  
of Health  
Agent.

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PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP COMMUNITY HOSPITAL

1 FULL NAME Sarah CATHERINE SMITH

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

(a) Permanent Residence. No. 466 SUMNER STREET St. E. BOSTON, MASS.

(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 2 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from JAN 29, 1966 to Feb 2, 1966

I last saw h<sup>e</sup> alive on Feb 2, 1966 death is said to have occurred on the date stated above, at 5 p.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive heart failure

(b) Due To Atherosclerotic heart disease

(c) Due To General Atherosclerosis

## 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(Signature) Charles Meloni, M. D.  
CHARLES MELONI  
(Print or Type Name)

(Address) 45 Bayview St. Boston Date Feb 2 1966

6 Forest Hills Cemetery Boston  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb 5, 1966

7 NAME OF FUNERAL DIRECTOR Charles P. Chapman

ADDRESS 5 CANTON AVE. MILTON, MASS

Received and filed FEB 4 1966

A TRUE COPY ATTEST:

(Registrar)

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 19

{(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) 14.

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Single

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 AGE 87 Years 8 Months 27 Days If under 24 hours  
Hours Minutes13 Usual Occupation Retired school teacher  
(Kind of work done during most of working life)

14 Industry or Business Boston schools

15 Social Security No. None

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

17 NAME OF FATHER James Smith

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

19 MAIDEN NAME OF MOTHER Selina French

20 BIRTHPLACE OF MOTHER (City) Newfoundland  
(State or country)21 Informant Margaret L. Hill  
(Address) 98 Maple St. MiltonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Paul C. Gaffney (s)

(Signature of Agent of Board of Health or other)

Director of Public Health Feb 4, 1966  
(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.

for burial permit  
ard of Health  
ts Agent.

RUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

not enter  
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e for each  
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ie of dying,  
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M.C.

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

1

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)



STANDARD  
CERTIFICATE OF DEATH

Registered No. 20

No. Cliff House Nursing Home 170 Cliff (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

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

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

(a) Residence. No. 212 Lincoln St  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 11 years 11 months 11 days. In place of residence 40 years 11 months 11 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 5, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Jan 1964 to Feb 5, 1966  
I last saw him alive on Feb 4, 1966 death is said to have occurred on the date stated above, at 10:15 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart Disease

(b) Arteriosclerosis - gen

(c) Due To

OTHER SIGNIFICANT CONDITIONS

Send it

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 no

(Signature) Joseph P. Regan, M. D.

(Address) 194 Washington St. Feb 5 1966  
(Print or Type Name)

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

DATE OF BURIAL February 8, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed FEB 7 1966

John A. Clark  
(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 90 Years 90 Months 90 Days 90 Hours 90 Minutes

13 Usual Occupation Retired Pipe Fitter  
(Kind of work done during most working life)

14 Industry or Business U.S. Naval Shipyard

15 Social Security No. no

16 BIRTHPLACE (City) Boston  
(State or country)

17 NAME OF FATHER Thomas Niland

18 BIRTHPLACE OF FATHER (City) Westport Co Mayo  
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary McGuire

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

21 Informant Gerald Niland  
(Address) 212 Lincoln St., Winthrop

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

Paul C. Hallways  
(Signature of Agent of Board of Health or other)  
Director of Public Health Feb 7, 1966  
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION.....  
 DATE OF ENTERING MILITARY SERVICE.....5-12-1898  
 DATE OF DISCHARGE.....1-15-1899  
 RANK, RATING.....Landsman  
 ORGANIZATION AND OUTFIT.....U.S. Navy  
 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 - 7 1966 PM



for burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

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(b) and (c)

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heart failure,  
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condition given

X  
PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 38 Harbor View Ave

2 FULL NAME

Ellen F (Watson) Metcalf

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

(a) Permanent Residence. No. 38 Harbor View Ave.

(Usual place of abode) 11

St.

60

(City or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 7 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Sept 1950, to Feb 7, 1966

I last saw her alive on Feb 7, 1966, death is said to have occurred on the date stated above, at 11:15 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart

(b) Arteriosclerosis

(c) Senility

OTHER SIGNIFICANT CONDITIONS Arthritis - polyart.

Was autopsy performed?

What test confirmed diagnosis?

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

(Signature) Joseph A. Reynolds M. D.

(Address) 19 Washington Ave. Duxbury

(Date) Feb 2-8-66

6 Mayflower Duxbury

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 9 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed

John A. Clark 8 1966

(Registrar)

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS



WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

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)

PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 AGE 98 Years 0 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 Own Home

15 Social Security No. None

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

17 NAME OF FATHER Albert Watson

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

19 MAIDEN NAME OF MOTHER Augusta Manter

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

21 Informant John Metcalf

(Address) 38 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:

Paul C. Goffney Jr. (Signature of Agent of Board of Health or other)

Director of Public Health 4/8/66 (Official Designation) (Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE..... FEB - 8 1956 AM.....  
RANK, RATING.....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

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#### RULES OF PRACTICE

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

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

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

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

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

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

FORM R-301

for burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

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(b) and (c)

does not mean  
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heart failure,  
etc. It means  
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PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. Bay View Nursing Home Sturgis

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

(a) Permanent Residence. No. 87 Pleasant  
(Usual place of abode)

St. Winthrop  
(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 FEB 8 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased, from  
SEPT 19, 1960, to FEB 8, 1966.  
I last saw him live on FEB 8, 1966, death is said to  
have occurred on the date stated above, at 11 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PNEUMONIA -

Due To ARTERIO SCLEROTIC HEART  
(b) DISEASE AND

Due To GENERAL ARTERIO-SCLEROSIS  
(c) SENILE PSYCHOSIS

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

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

MYRON N. KING MD  
(Print or Type Name)

(Address) 37 Pleasant St. Boston, Mass. 2/9/66

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

DATE OF BURIAL Feb. 11, 1966

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS Winthrop

Received and filed FEB 9 1966

John A. Clark  
(Registrar)

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 22

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

PHYSICIAN - IMPORTANT

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

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Edward H Jackson  
(Husband's name in full)

12 AGE 80 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) Boston  
(State or country) Mass.

17 NAME OF FATHER Henry Gormley

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

19 MAIDEN NAME OF MOTHER Catharine Burgess

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

21 Informant Edward H Jackson Jr.

(Address) 37 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:

Paul C. Gaffney (max)  
(Signature of Agent of Board of Health or other)  
Director of Public Health 2/9/66  
(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.

FORM R-301

for burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

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62-932382

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS



Suffolk  
(County)

Winthrop  
(City or Town)

Winthrop  
(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 23

No. Cliff House Nursing Home

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

2 FULL NAME Bunt Shearer  
(If deceased 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. 261 Shirley Street  
(Usual place of abode) Chicago, Illinois  
(If nonresident, give city or town and State)

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

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 8 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Jan 1957, to Feb 8, 1966

I last saw him alive on Feb 8, 1966, death is said to  
have occurred on the date stated above, at 4:15 P.M.

### DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular Occlusion 1 day

Due To (b) Cerebral Arteriosclerosis 5 yrs.

Due To (c) Hypertension 10 yrs.

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus 8 yrs  
Hypertensive Heart Disease 8 yrs

Was autopsy performed? No

What test confirmed diagnosis? (a) (b) (c)

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

(Signature) Charles A. Gaffney, M. D.

(Address) Winthrop, Mass. Date 2/8/1966

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

DATE OF BURIAL February 14, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop.

Received and filed FEB 14 1966

John A. Clark

### PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 91 Years 9 Months 2 Days If under 24 hours  
Hours Minutes

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

14 Industry or Business: U.S. Army Ordnance

15 Social Security No. 258-10-2619

16 BIRTHPLACE (City) Alabama  
(State or country)

17 NAME OF FATHER Jacob Shearer

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

19 MAIDEN NAME OF MOTHER Ida ?

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

21 Informant (Address) Mrs. Ray Green  
261 Shirley St. Winthrop

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

Paul C. Gaffney (Signature of Agent of Board of Health or other)  
Director of Public Health Feb 14 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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 1 4 10 66 PM



FORM R-301

for burial permit  
of Health  
Agent.INSTRUCTIONS  
FOR  
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62-932382

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWINTHROP  
(City or Town making this return)STANDARD  
CERTIFICATE OF DEATH

Registered No. 24

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 250 Winthrop Shore Drive St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

## PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, WW-1/2  
if so specify WAR)(a) Residence, No. 250 Winthrop Shore Drive St.  
(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, 5 years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 12, 1966  
(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 2:10 P.M.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably

Due To due to natural

(b) Due To causes.

(c) Other Significant Conditions Winthrop Board of Health  
Charles Liberman M.D.Was autopsy performed? No  
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signature) Charles Liberman M. D.  
Charles Liberman  
(Print or Type Name)  
(Address) WINTHROP, MASS. Date 2/12/19666 Holyhood Brookline  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb 15 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed FEB 14 1966

John A. Clark  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Divorced  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Celeste Shugrue  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)12 AGE 55 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Salesman  
(Kind of work done during most working life)

14 Industry or Business: Salesman

15 Social Security No.

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

17 NAME OF FATHER Michael J. Grimes

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

19 MAIDEN NAME OF MOTHER Delia Connelley

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant Merlin Grimes  
(Address) 33 Edgehill Rd.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Paul C. Buffenb.  
(Signature of Agent of Board of Health or other)  
Director of Public Health 2/4/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE..... Oct 1, 1942

DATE OF DISCHARGE..... Feb 18, 1948

RANK, RATING..... Lieut Commander

ORGANIZATION AND OUTFIT..... U.S.M.R.

SERVICE NUMBER..... 200779

RULES OF PRACTICE

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

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

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

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

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

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 14 1966 PM

# The Commonwealth of Massachusetts

FORM R-301

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

## CERTIFICATE OF DEATH

Registered No. 25

No. 56 Pleasant St. (If death occurred in a hospital or institution, St. (give its NAME instead of street and number))

### PHYSICIAN — IMPORTANT

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

(a) Residence, No. 56 Pleasant St.,  
(Usual place of abode) St. (If nonresident, give city or town and State)

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

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 13, 1966.  
(Month) (Day) (Year)

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

I last saw him alive on ..... 19....., death is said to  
have occurred on the date stated above, at 5:55 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due

Due To 4 natural causes.

(b) Due To WINTHROP BOARD of Health

(c) Charles Liberman, M.D.

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? 220

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? 220

If so, specify

(Signature) Charles Liberman, M.D.

(Address) WINTHROP, MASS. 2/14/1966

6 St. Agnes Greenport, N.Y.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 17, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

Winthrop, Mass.

ADDRESS

Received and filed FEB 14 1966

### PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 87 Years.....Months.....Days If under 24 hours Hours.....Minutes

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

14 Industry or Business Drug Store

15 Social Security No. 572-18-3557

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

17 NAME OF FATHER John W. Klipp

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

19 MAIDEN NAME OF MOTHER Catherine Schaumburg

20 BIRTHPLACE OF MOTHER (City) New York  
(State or country)

21 Informant (Address) Amelia Melanson  
56 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:

Paul C. Gaffney (3)

(Signature of Agent of Board of Health or other)

Director of Public Health 2/14/66

(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:



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

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RULES OF PRACTICE

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

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

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

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

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

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 14 1966 PM

FORM R-301

for burial permit  
Board of Health  
its Agent.INSTRUCTIONS  
FOR  
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PLACE OF DEATH

Suffolk  
(County)WINTHROP  
(City or Town)No. CLIFF HOUSE NURSING HOME (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME MICHAEL LOPILATO  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Permanent Residence. No. Springvale Ave, Chelsea, Mass.  
(Usual place of abode)

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 13 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
Feb 10, 1962, to Feb 13, 1966I last saw him alive on Feb 12, 1966, death is said to  
have occurred on the date stated above, at 6:00 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY EMBOLISM

Due To ARTERIO SCLEROTIC HEART 10 1/2

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

(Signature) J. D. Ginterco, M. D.

(Print or Type Name)  
(Address) 140 1/2 Palm St, Chelsea, Mass. 021186 HOLY CROSS MAIDEN  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 2/15 1966

7 NAME OF FUNERAL DIRECTOR MICHAEL DELLO RUSSO

ADDRESS 24 FLEET ST BOSTON, MASS

Received and filed FEB 14 1966

A TRUE COPY ATTEST:

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWINTHROP  
(City or Town making this return)STANDARD  
CERTIFICATE OF DEATH

Registered No. 26

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WARI. 70

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR CAU 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN WIDOWED11 If married, widowed, or divorced  
HUSBAND of ANGELINA (UNKNOWN)  
(Give maiden name of wife in full)

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

12 AGE 96 Years. Months. Days If under 24 hours  
Hours. Minutes13 Usual Occupation LABORER  
(Kind of work done during most of working life)14 Industry  
or Business.

15 Social Security No. 016-26-9806

16 BIRTHPLACE (City). NAPLES, Italy  
(State or country)

17 NAME OF FATHER UNKNOWN

18 BIRTHPLACE OF FATHER (City). NAPLES  
(State or country) ITALY

19 MAIDEN NAME OF MOTHER UNKNOWN

20 BIRTHPLACE OF MOTHER (City). NAPLES  
(State or country) ITALY

21 Informant THOMAS DI GIULIO

(Address) 46 PALMER ST CHELSEA

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

Paul C. Giffney

(Signature of Agent of Board of Health or other)

Director of Public Health Feb 14, 1966  
(Official Designation) (Date of Issue of Permit)

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

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#### RULES OF PRACTICE

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

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

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

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

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

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 14 1936 PM



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

**Braintree**  
 (City or Town making this return)

COPY OF  
 CERTIFICATE OF DEATH

Registered No. **27**

**Norfolk**  
 (County)

**Braintree**  
 (City or Town)

No. **Monatiquot Nursing Home**

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

2 FULL NAME **Thomas A. Jones**  
 (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) Permanent Residence. No. **9 Crystal Cove Ave.** St. **Winthrop, Mass.**  
 (City or town and State)

Length of stay: In place of death.....years.....months..6..days. In place of residence..35..years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Feb.** **14,** **1966**  
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Feb. 9**, 19**66**, to **Feb. 14**, 19**66**.  
 I last saw him live on **Feb. 13**, 19**66**, death is said to have occurred on the date stated above, at **8:15 A.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **General & Cerebral Arterio-sclerosis**

(b) **Arteriosclerotic Heart Disease**

(c)

INTERVAL  
 BETWEEN  
 ONSET AND  
 DEATH

**Sev. yrs.**  
**Sev. yrs.**

OTHER  
 SIGNIFICANT  
 CONDITIONS

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

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

(Signature) **M. Pearlstein**  
**M. Pearlstein**, M. D.

(Address) **506 Wash. St., Bra.** Date **Feb. 15, 1966**

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

DATE OF BURIAL **Feb. 17,** **1966**

7 NAME OF FUNERAL DIRECTOR **Robson Funeral Home**

ADDRESS **40 Sea St., No. Weymouth, Mass.**

Received and filed **FEB 17 1966**  
**John A. Clark**  
 (Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced HUSBAND of **Mary A. Bennett**  
 (Give maiden name of wife in full)  
 (or) WIFE of (Husband's name in full)

12 AGE **83** Years **10** Months **10** Days If under 24 hours  
 Hours Minutes

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

14 Industry or Business: **Boston Post**

15 Social Security No. **025-05-6742A**

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

17 NAME OF FATHER **Elias Jones**

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

19 MAIDEN NAME OF MOTHER **Helen Kemp**

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

21 Informant **Mrs. Florence Mazza**

(Address) **28 Aspinwall Ave., No. Weymouth, Mass.**

A TRUE COPY

ATTEST: **Earl P. Johnson, Jr.**  
 (Registrar of City or Town where death occurred)

DATE FILED **FEB 16 1966** 19

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

THIS IS A PERMANENT RECORD

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 28

PLACE OF DEATH

SUFFOLK  
(County)

WINTHROP  
(City or Town)

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

PHYSICIAN — IMPORTANT

2 FULL NAME WILLIAM BROWN (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Permanent Residence. No. 21 Pleasant St. St. WINTHROP MASS (City or town and State)

Length of stay: In place of death, years, months, 1 days. In place of residence, 45 years, months, days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 15 1966 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased, from 19, to, 1966

I last saw him live on FEB 15 1966 death is said to have occurred on the date stated above, at 10:28 p.m.

INTERVAL BETWEEN ONSET AND DEATH 120

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION

Due To (b) ARTERIOSCLEROTIC

Due To (c) HYPERTENSIVE HEART DISEASE ANGINA PECTORIS 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

(Signature) Myron H. King M. D. (Print or Type Name)

(Address) WINTHROP Date 2/15 1966

6 Winthrop Winthrop (City or Town)

DATE OF BURIAL February 18 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed FEB 17 1966

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 66 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: General Electric Co

15 Social Security No. 030-01-5470

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

17 NAME OF FATHER Alfred Brown

18 BIRTHPLACE OF FATHER (City) Philadelphia (State or country) Pennsylvania

19 MAIDEN NAME OF MOTHER Louise Crook

20 BIRTHPLACE OF MOTHER (City) Philadelphia (State or country) Pennsylvania

21 Informant Helen G. Brown 21 Pleasant St., Winthrop (Address)

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

Dorothy Barnard (Signature of Agent of Board of Health or other) 2/17/66 (Official Designation) (Date of Issue of Permit)

MED. EXAMINER DECLINED JURISDICTION



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

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

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

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

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

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

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

FEB 17 1956 AM

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

29

No. 16 THORNTON PARK.

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

PHYSICIAN — IMPORTANT

2 FULL NAME PAUL G GAFFNEY

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

(Was deceased a  
U. S. War Veteran, W.W.11  
if so specify WAR)

(a) Permanent Residence. No. 16 THORNTON PARK.

St. (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 Feb 15 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
Jan 1, 1964 to Feb 15, 1966  
I last saw him alive on Feb 15, 1966 death is said to  
have occurred on the date stated above, at 7:50 AM.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion 1 hr.  
(b) Coronary Arteriosclerosis 3 yrs  
(c)INTERVAL  
BETWEEN  
ONSET AND  
DEATHOTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signature) Charles Liberman, M. D.  
CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS. Date 2/16/1966

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

DATE OF BURIAL Feb, 17 1966

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

Received and filed Feb. 17, 1966

A TRUE COPY ATTEST

Registrar

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Married11 If married, widowed, or divorced  
HUSBAND of Ethel Fitzgerald  
(Give maiden name of wife in full)

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

12 AGE 56 Years 2 Months 3 Days If under 24 hours  
Hours Minutes13 Usual Occupation Health Agent  
(Kind of work done during most of working life)14 Industry or Business: Town Of Winthrop  
023-34-741015 Social Security No. Boston  
Mass

16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER Peter Gaffney

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

19 MAIDEN NAME OF MOTHER Sarah Marshall

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

21 Informant Ethel Gaffney

(Address) 16 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:Dorothy Barnard  
(Signature of Agent of Board of Health or other)Temp. Director of Public Health Feb 17, 1966  
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE..... 11/5/43

DATE OF DISCHARGE..... 11/9/45

RANK, RATING ..... Private

ORGANIZATION AND OUTFIT..... Army..... 242nd AAF..... Base Unit.....

SERVICE NUMBER..... 31 423 941

.....

#### RULES OF PRACTICE

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

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

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

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

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

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

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

30

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 Maria Catena Dibilio  
(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) Permanent Residence. No. 118 Bennington St. East Boston

(City or town and State)

Length of stay: In place of death 4 years.....months.....days. In place of residence 53 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 19 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Feb. 19, 1966, to Feb. 19, 1966.  
I last saw him alive on Feb. 19, 1966, death is said to  
have occurred on the date stated above, at 11:30 p.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PNEUMONIA

(b) Due To ARTERIO SCLEROTIC HEART D.S.

(c) Due To DIABETES

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 days

10 yrs

10 yrs

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signature) Peter J. Ferraro, M.D.  
(Print or Type Name)  
(Address) 21 Bennington St. E. Boston, Feb. 21, 19666 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 22, 1966

7 NAME OF FUNERAL DIRECTOR Anthony P. Rapino

ADDRESS 9 Chelsea St. East Boston

Received and filed FEB. 23 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of

(or) WIFE of Gaetano Dibilio  
(Give maiden name of wife in full)  
(Husband's name in full)12 AGE 73 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Candy dinner  
(Kind of work done during most of working life)

14 Industry or Business Retired

15 Social Security No. 012-18-6339

16 BIRTHPLACE (City) Italy  
(State or country)

17 NAME OF FATHER Dominic Capizzi

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

19 MAIDEN NAME OF MOTHER Josephine Anzaldi

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

21 Informant Grace Peroni (daughter)

(Address) 118 Bennington St., East Boston

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

(Signature of Agent of Board of Health or other)

Temp Dir of Public Health  
(Official Designation)2/22/66  
(Date of Issue of Permit)

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

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

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

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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 31

Suffolk

(County)

Winthrop

(City or Town)

No. Day View Nursing Home

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

PHYSICIAN — IMPORTANT

2 FULL NAME Israel Myer Millmeister

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

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

26  
28 Sturgis

Winthrop

(a) Residence, No. St.

(Usual place of abode)

(City or town and State)

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

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB. 19 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Aug. 1, 1965 to FEB. 19, 1966  
I last saw him live on FEB. 17, 1966 death is said to  
have occurred on the date stated above, at 12:55 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF PROSTATE

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1 1/2 yrs

Due To  
(b)

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Arteriosclerotic Heart  
disease

3 yrs

Was autopsy performed? No  
What test confirmed diagnosis? Clin. & Lab.

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

(Signature) M. Traunstein M. D.

M. TRAUNSTEIN, M.D.

(Address) 73 Bartlett Rd, Winthrop, Mass. 2/19 1966

6 Moses Mendelsohn West Roxbury  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 21, 1966

7 NAME OF FUNERAL DIRECTOR Paul R. Levine

470 Harvard St., Brookline

ADDRESS

Received and filed FEB 23 1966

John A. Clark

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 86 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 Printer

15 Social Security No.

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Barnet Millmeister

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 Mr. Louis Hillson  
59 Sumner Rd. Brookline  
(Address)

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

Sorothy Barnard

(Signature of Agent of Board of Health or other)

Temp Dir of Public Health 2/21/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

M R-301

burial permit  
of Health  
Agent.

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DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
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RULES OF PRACTICE

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

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

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

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

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

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 1966 AM

burial permit  
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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 32

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Cliff House Nursing Home

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

2 FULL NAME Mary L. Morrissey

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

Mary L. (Linn) Morrissey

## PHYSICIAN — IMPORTANT

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

(a) Residence, No. 98 Whitin Ave, Revere, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years, months, days. In place of residence 17 years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 19 1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from Jan. 1966 to Feb. 19 1966

last saw him alive on Feb. 18, 1966, death is said to

have occurred on the date stated above, at 5:55 a.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis months

Due To (b) Carcinoma of Breast yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS arteriosclerosis 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

(Signature) Joseph P. Borge, M. D.

(Print or Type Name)

(Address) 194 Washington St. Date 2-19 1966

6 Huritan Lawn Cemetery, Leabody

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 22, 1966

7 NAME OF FUNERAL DIRECTOR William J. Killian

ADDRESS 1 Bretagne St. Revere, Mass.

Received and filed Feb 21 1966

John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

female white MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 AGE 81 Years 10 Months 24 Days If under 24 hours Hours Minutes

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

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Newfoundland

17 NAME OF FATHER John Linn

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

19 MAIDEN NAME OF MOTHER Ellen M. Tobin

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

21 Informant Ethel Fairfield (Address) 98 Whitin Ave, Revere

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

Dorothy R. Barnard

(Signature of Agent of Board of Health or other)

Acting Director of Public Health Feb 21 1966 (Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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 21 1966



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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 33

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP COMMUNITY HOSPITAL

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

PHYSICIAN — IMPORTANT

2 FULL NAME. F. WILLIAM GATELY

(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) Permanent Residence. No.

24 OCEAN AVENUE

St. WINTHROP, MASSACHUSETTS

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY 21 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Feb 14 1966 to FEB 21 1966  
I last saw him live on FEB 21 1966 death is said to  
have occurred on the date stated above, at 12:20 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCTION 7 DAYS

(b) CEREBRAL VASCULAR ACCT

(c) RT HEMIPLEGIA

(d) ARTERIO SCLEROTIC HEART DIS 2 YRS

OTHER SIGNIFICANT CONDITIONS NO

INTERVAL BETWEEN ONSET AND DEATH 8 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

(Signature) MYRON N. KING M. D.

(Print or Type Name)

(Address) 22 PLEASANT ST. WINTHROP MASS

Date FEB 24 1966

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

DATE OF BURIAL February 23, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed FEB 23 1966

19

John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

14 Industry or Business: Ford Motor Car Co

15 Social Security No.

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

17 NAME OF FATHER Joseph Gately

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

19 MAIDEN NAME OF MOTHER Mary Ann McCabe

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

21 Informant Florence M. Gately

(Address) 24 Ocean Ave Winthrop

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

Dorothy Bernard  
(Signature of Agent of Board of Health or other)

(Official Designation) Temp Secretary of Public Health (Date of Issue of Permit) 2/23/66

A TRUE COPY ATTEST:

(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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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to 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.

M R-301

burial permit  
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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

SUFFOLK  
(County)Winthrop  
(City or Town)

No.

Bay View Nursing Home

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

2 FULL NAME

LAURA (SHAW) O'SULLIVAN

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

PHYSICIAN — IMPORTANT

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

No

(a) Permanent Residence. No.

481 REVERE ST

REVERE MASS

(City or town and State)

Length of stay: In place of death 10 years.....months.....days. In place of residence 60 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH2 / 24 / 66  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

JULY 3, 1957 to FEB 24, 1966

I last saw her live on FEB 19, 1966 death is said to

have occurred on the date stated above, at 9:40 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) NEPHRO SCLEROSIS

Due To

(b) ARTERIO-SCLEROTIC &amp; HYPERTENSIVE HEART DISEASE

Due To

(c) GENERAL ARTERIO SCLEROSIS

OTHER  
SIGNIFICANT  
CONDITIONS

DIABETES MELLITUS

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 WK

9 YRS

9 YRS

9 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

(Signature)

Myron N. King  
MYRON N. KING  
(Print or Type Name)

M. D.

(Address)

222 Pleasant St  
WINTHROP MASS

Date 2/25/66

6

Holy Cross  
Place of Burial or CremationMalden  
(City or Town)

DATE OF BURIAL

Feb 28,

66

7 NAME OF

FUNERAL DIRECTOR

William J Killion

ADDRESS

15 PRAGUE ST REVERE

Received and filed

FEB 28 1966

19

John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

white

10 SINGLE

(write the word)

MARRIED

WIDOWED

DIVORCED

UNKNOWN

widowed

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

JEREMIAH O'SULLIVAN

(Husband's name in full)

12

AGE

87

Years

3

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

MONTREAL CANADA

(State or country)

17 NAME OF

FATHER

(Unable to Learn) Shaw

18

BIRTHPLACE OF

FATHER (City

"

(State or country)

19

MAIDEN NAME

OF MOTHER

"

20

BIRTHPLACE OF

MOTHER (City)

"

(State or country)

21 Informant

John J O'Sullivan

(Address)

215 Leyden St East Boston

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

Joseph Barnard

(Signature of Agent of Board of Health or other)

Director of Public Health

Feb 25, 66

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

8000



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.

OUT - OF - TOWN

The Commonwealth of Massachusetts

FORM R-301

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON  
(City or Town making this return)

35

SUFFOLK  
(County)  
BOSTON  
(City or Town)



STANDARD  
CERTIFICATE OF DEATH

Registered No. 00113

BOSTON CITY HOSPITAL

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

PHYSICIAN - IMPORTANT

2 FULL NAME ALICE M. CONDON (LAWSON)  
(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) Permanent Residence. No. 15 Mermaid Ave. St. Winthrop, Mass.  
(City or town and State)

Length of stay: In place of death years 1 months days. In place of residence 13 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 5 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1965 to Jan. 5, 1966.  
We last saw him alive on Jan. 5, 1966. death is said to have occurred on the date stated above, at 5:25 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute granulocytic leukemia - weeks

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Peri rectal abscess

Was autopsy performed? No Clinical

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

(Signature) James V. Sacchetti, M.D.  
(Print or Type Name) JAMES V. SACCHETTI, M.D.  
Date 1-5-66

Place of Burial or Cremation WOODLAWN CEMETERY  
(City or Town)

DATE OF BURIAL JAN 8 1966

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP

Received and filed JAN 10 1966

(Official Designation)

A TRUE COPY ATTEST: (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 49 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business: G. P.

15 Social Security No. 023-01-9425

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

17 NAME OF FATHER GEORGE A. LAWSON

18 BIRTHPLACE OF FATHER (City) SAINT JOHNS (State or country) N.B.

19 MAIDEN NAME OF MOTHER ELLA P. KELLEY

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

21 Informant JOHN CONDON

(Address) 15 MERMAID AVE WINTHROP

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

C19713 Kenneth W. Hurd (Signature of Agent of Board of Health or other)

Jan 5 1966 (Date of Issue of Permit)

led for burial permit Board of Health or its Agent.

INSTRUCTIONS FOR MEDICAL CERTIFICATE

INT OR TYPE SE OR CAUSES 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 complication which caused death.

conditions, if any, which gave rise to above cause (a), listing the underlying cause last.

Conditions contributing to death but not related to the terminal condition given (a).

11 1966

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar



MAR 11 1966 AM



FORM R-301

SUFFOLK

BOSTON

(County)

(City or Town)

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

STANDARD

## CERTIFICATE OF DEATH

Registered No.

00258

MASSACHUSETTS GENERAL HOSPITAL

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

PHYSICIAN — IMPORTANT

2 FULL NAME Irene Wright  
(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) Permanent Residence. No. 170 Cliff Ave. St. Winthrop, Massachusetts

(City or town and State)

Length of stay: In place of death, years, months, 3 days. In place of residence, 30 years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 5, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
January 2, 1966, to January 5, 1966I last saw her alive on January 5, 1966, death is said to  
have occurred on the date stated above, at 3:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

7 Days

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONSScoliosis, severe  
Pulmonary EmphysemaYears  
Years

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

(Signature) Charles L. Clary, M.D.

(Print or Type Name)

(Address) Ass't. Dir., Mass. Gen'l. Hosp. Date Jan. 5, 1966

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

DATE OF BURIAL January 8, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed JAN 11 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

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

12 AGE 79 Years Months Days

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

14 Industry or Business Own Home

15 Social Security No.

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

17 NAME OF FATHER Charles Doherty

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

19 MAIDEN NAME OF MOTHER Alice Elmore

20 BIRTHPLACE OF MOTHER (City) Co. Lough  
(State or country) Ireland

21 Informant J. Albert Wright

(Address) 108 Eustis St. Revere Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or cremation permit was issued:Eugene Bonard 19789  
(Signature of Agent of Board of Health or other)

(Official Designation)

Jan 8 1966  
(Date of Issue of Permit)filed for burial permit  
Board of Health  
or its Agent.INSTRUCTIONS  
FOR  
MEDICAL CERTIFICATEPRINT OR TYPE  
USE OR CAUSES  
OF DEATHdo not enter  
more than one  
cause for each  
(a), (b) and (c)This does not mean  
mode of dying,  
as heart failure,  
pneumonia, etc. It means  
disease, or complica-  
tions which caused  
death.Conditions, if any,  
which gave rise to  
above cause (a),  
preceding the under-  
lying cause last.Conditions contrib-  
uting to death but not  
related to the terminal  
disease condition given  
(a).

Declined by Medical Examiner

11 1966

For Director  
please use only  
BLACK Ink.

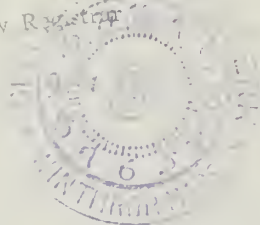
H-3-65-939763

D.B. V.B.

A TRUE COPY ATTACHED

*Richard J. Kaul*

CITY REGISTER



MAR 11 1966 AM

FORM R-301

SUFFOLK

(County)

BOSTON

(City or Town)



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

00197

filed for burial permit  
Board of Health  
or its Agent.

INSTRUCTIONS  
FOR  
MEDICAL CERTIFICATE

INT OR TYPE  
SE OR CAUSES  
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 compli-  
cations which caused  
death.

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

Conditions contrib-  
uting to death but not  
related to the terminal  
disease condition given  
(b).

1 PLACE OF DEATH  
No. MASSACHUSETTS GENERAL HOSPITAL  
Minnie E Hatch (Perry)  
2 FULL NAME ~~Minnie E Hatch (Perry)~~  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)  
PHYSICIAN — IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) NO  
(a) Permanent Residence. No. 26 Sturgis Street Bay View Nursing Home  
St. Winthrop, Massachusetts  
(City or town and State)  
Length of stay: In place of death years months 6 days. In place of residence 12 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 6, 1966  
(Month) (Day) (Year)  
I HEREBY CERTIFY That I attended deceased from January 3, 1966, to January 6, 1966.

We last saw her alive on January 6, 1966, death is said to

have occurred on the date stated above, at 9:15 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

(b) Due To

Nephrosclerosis

(c) Due To

Atherosclerosis

OTHER SIGNIFICANT CONDITIONS

Bronch opneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 Days

Years

Years

1 Week

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

(Signature) C. E. Olay M. D.

Charles E. Olay, M.D.  
(Print or Type Name)

(Address) Asst. Dir., Mass. Gen'l. Hosp. Date Jan. 6, 1966

6 BLUE HILLS CEM. BRAintree MASS  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JAN 10 1966

7 NAME OF FUNERAL DIRECTOR JOHN J. O'Connor

ADDRESS 740 ADAMS ST DOR MASS

Retained and signed by J. J. O'Connor 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

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

12

AGE 87 Years Months Days

If under 24 hours

Hours Minutes

13 Usual Occupation

CLERK

(Kind of work done during most of working life)

14 Industry or Business

RETIRED

15 Social Security No. 022-07-3747

16 BIRTHPLACE (City)

(State or country) CANADA

17 NAME OF Isidor

FATHER XXXXXX PERRY

18 BIRTHPLACE OF FATHER (City)

(State or country) CANADA

19 MAIDEN NAME

Louise Boudroux

OF MOTHER XXXXXXXXXXXX

20 BIRTHPLACE OF MOTHER (City)

(State or country) CANADA

DAUGHTER

21 Informant MRS LOUISE KELLEY

(Address) 32 CALLENDAR ST DOR 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

Jan 9 1966

(Official Designation)

(Date of Issue of Permit)



A TRUE COPY ATTEST:

*William H. Luce.*  
City Registrar



MAR 11 1966 AM

FORM R-301

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

38

PLACE OF DEATH

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

Registered No. 00274

No. New England Baptist Hospital

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

PHYSICIAN — IMPORTANT

2 FULL NAME

Mr. Harvey S. Leviston

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

(Was deceased a U. S. War Veteran, if so specify W.A.R.V.)

no

(a) Permanent Residence. No. 25 Orlando Ave. S. Winthrop. Mass.

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8, 1966  
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from Dec. 28, 1965 to January 8, 1966

I last saw him live on January 8, 1966 death is said to have occurred on the date stated above, at 8:55 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

weeks

(b) Asc. heart disease

years

(c)

OTHER SIGNIFICANT CONDITIONS

Fractured hip

3 wks

Was autopsy performed?

Yes

What test confirmed diagnosis? Physical exam

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

(Signature) Robert S. McLagish M. D.

Robert S. McLagish  
(Print or Type Name)

(Address) LAIRY CLINIC Date 9 Jan. 1966

6 MT AUBURN CAMBRIDGE MASS.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JAN 11 1966

7 NAME OF FUNERAL DIRECTOR HARVEY P. MORRISON

ADDRESS 17 WEST WYOMING AVE MELROSE

Received and filed

JAN 12 1966

William J. Kane

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR Caucasian 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN WIDOWED

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

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

12 AGE 88 Years 9 Months 22 Days If under 24 hours Hours Minutes

13 Usual Occupation Retired flour broker  
(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No. 029-27-3997

16 BIRTHPLACE (City) RICHMOND  
(State or country) INDIANA

17 NAME OF FATHER JAMES M. LEVISTON

18 BIRTHPLACE OF FATHER (City) Unable to find out  
(State or country) INDIANA

19 MAIDEN NAME OF MOTHER ELIZABETH SMITH

20 BIRTHPLACE OF MOTHER (City) Unable to find out  
(State or country) INDIANA

21 Informant WILLIAM B. LEVISTON

(Address) 61 SHEFFIELD ROAD 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) 19913

(Date of Issue of Permit) 1-10-66

A TRUE COPY ATTEST:

O.B. V. 10

TRUE COPY ATTEST:

A circular library stamp from the University of Toronto Libraries. The text "UNIVERSITY OF TORONTO LIBRARIES" is arranged in a circle around the perimeter. In the center, the year "1971" is stamped. The stamp is slightly faded and tilted.

MAR 11 1966 AM



OUT - OF TOWN

FORM R-303

Filed for burial permit  
with Board of Health  
or its Agent.

NOTE: CHAPTER 137, ACTS OF 1954, REQUIRES PHYSICIANS TO PRINT  
OR TYPE THE CAUSE OR CAUSES OF DEATH ON DEATH CERTIFICATES.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of  
information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF  
DEATH in plain terms, so that it may be properly classified under the International Classification of Causes  
of Death. See reverse side for additional information. See also Chap. 35, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114,  
§§ 44-45.

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

100M-5-50-938000

SUFFOLK

BOSTON

(City or Town)

PLACE OF DEATH



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

Registered No.

00537

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

En route to Massachusetts General Hospital

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

FRANCIS

PHILLIP

CHARDON

2 FULL NAME

(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)

WW #2

(a) Permanent Residence. No

52 Cliff Avenue,

Winthrop, Mass.

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

January

13,

1966

(Month)

(Day)

(Year)

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

Acute 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 Collapsed while operating

motor car. (Specify type of place)

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. Longo, M.D.

Michael A. Longo, M.D.

(Address) Boston (Print or type Name)

1/14

66

(Address)

7 Winthrop

Winthrop

Place of Burial or Cremation.

January 17

66

DATE OF BURIAL

8 NAME OF

FUNERAL DIRECTOR Arthur J. O'Maley

Winthrop, Mass

ADDRESS

JAN 18 1966

Received and filed

William J. Kane

A TRUE COPY ATTEST

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR

11 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

DIVORCED

UNKNOWN

Single

12 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

13

AGE

50

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

Truck Driver

(Kind of work done during most of working life)

15 Industry

or Business:

First National Stores

16 Social Security No.

031-10-1638

17 BIRTHPLACE (City)

Charlestown

(State or country)

Mass

18 NAME OF

FATHER

Phillip Chardon

19 BIRTHPLACE OF

FATHER (City)

Bethel

(State or country)

Vermont

20 MAIDEN NAME

OF MOTHER

Frances Fanning

21 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass

22

Informant

(Address)

Robert Chardon

180 Highland Ave.,

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

Michael A. Longo, M.D.

(Signature of Agent of Board of Health or other)

Jan 15 - 1966

(Official Designation)

(Date of Issue of Permit)

1966

V.B. ✓

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar



MAR 11 1966 AM

FORM R-301

filed for burial permit  
th Board of Health  
or its Agent.

INSTRUCTIONS  
FOR  
MEDICAL CERTIFICATE

PRINT OR TYPE  
USE OR CAUSES  
OF DEATH

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

This does not mean  
mode of dying,  
such as heart failure,  
hemiplegia, etc. It means  
disease, or compli-  
cations which caused  
death.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

Conditions contrib-  
uting to death but not  
related to the terminal  
disease condition given  
(a).

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. LEMUEL SHATTUCK HOSPITAL

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

(a) Permanent Residence. No. 16 Otis

St. Winthrop

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 14 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Dec. 20, 1965, to January 14, 1966.

I last saw her alive on January 14, 1966, death is said to  
have occurred on the date stated above, at 9:15 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular Accident

(b) Due To Atherosclerosis

(c) Due To Diabetes

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

(Signature) Bruce C. Ferguson, M.D.

(Print or Type Name)

(Address) 170 Morton St. J.P. Date 1/14 1966

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 17, 1966

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed

JAN 18 1966

19

A TRUE COPY ATTEST:

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

40

STANDARD

## CERTIFICATE OF DEATH

Registered No.

00488

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

PHYSICIAN — IMPORTANT

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

No

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

female white

MARRIED  
WIDOWED  
DIVORCED married  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Edwin Hoffman

(Husband's name in full)

12 AGE 63 Years 4 Months 9 Days

If under 24 hours  
Hours Minutes

13 Usual Occupation Housewife

(Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No.

16 BIRTHPLACE City Chelsea  
(State or country) Mass.

17 NAME OF FATHER Robert S. Clucas

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

19 MAIDEN NAME OF MOTHER Ellen E. Martin

20 BIRTHPLACE OF MOTHER (City) Charlestown  
(State or country) Mass.21 Informant Edwin Hoffman  
(Address) 16 Otis Street, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



A TRUE COPY ATTEST:

*William H. Lane*  
City Registrar



MAR 11 1966 AM

FORM R-301

OUT OF - TOWN  
SUFFOLK

(County)

1 BOSTON

(City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSBOSTON  
(City or Town making this return)

STANDARD

## CERTIFICATE OF DEATH

Registered No. 00538

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

PHYSICIAN — IMPORTANT

2 FULL NAME Ellen Coakley  
(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) Permanent Residence. No. 4 Waldemar Avenue St. Winthrop Mass.

(City or town and State)

Length of stay: In place of death.....years.....months.....18 days. In place of residence. 50 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 15, 1966  
(Month) (Day) (Year)I HEREBY CERTIFY That I attended deceased from  
December 28, 65 to January 15, 1966  
and last saw her live on January 15, 1966 death is said to

have occurred on the date stated above, at 2:05A.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Infarction

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
Day

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Hepatic Insufficiency 2 Months  
With Anasarca

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

(Signature) Charles L. Cloy, M.D. M. D.

(Print or Type Name)

(Address) Ass'n. Dir., Mass. Gen'l. Hosp. Date January 15, 1966

6 Winthrop Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 18, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley

ADDRESS Winthrop, Mass

Received and filed JAN 18 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 AGE 82 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: None

15 Social Security No None

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

17 NAME OF FATHER Charles Coakley

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

19 MAIDEN NAME OF MOTHER Hanora Kane

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

21 Informant Catherine Verry

(Address) 4 Waldemar Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
has been 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)

filed for burial permit  
h Board of Health  
or its Agent.INSTRUCTIONS  
FOR  
MEDICAL CERTIFICATEINT OR TYPE  
USE OR CAUSES  
OF DEATHdo not enter  
more than one  
cause for each  
(a), (b) and (c)his does not mean  
mode of dying,  
as heart failure,  
emia, etc. It means  
disease, or compli-  
cations which caused  
h.ditions, if any,  
which gave rise to  
ove cause (a),  
listing the under-  
lying cause last.Conditions contrib-  
ut to death but not  
ed to the terminal  
ise condition given  
a).

n C

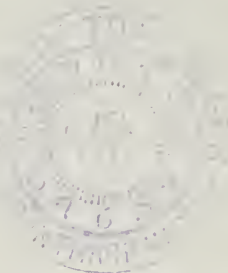
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ase use only  
BLACK Ink.

01-3-65-939763

O.B.V.B.V

... COPY ATTEST:

*William J. Kane*  
City Registrar



MAR 11 1966 AM

NOTES: CHAPTER 137, ACTS OF 1931, REFORMS BY...



OUT - OF - TOWN

FORM R-303

e filed for burial permit  
ltb Board of Health  
or its Agent.

FOR TYPE THE CAUSE OR CAUSES OF DEATH ON DEATH CERTIFICATES.

N-8 - 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.

100M-5-61-938000

PLACE OF DEATH

SUFFOLK  
(County)BOSTON  
(City or Town)The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSBOSTON  
(City or Town making this return)

00708

Registered No. ....

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

No. 818 Harrison Avenue

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

2 FULL NAME MORRIS KUPFERMAN

(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) Permanent Residence. No. 18 IRWIN St. WINTHROP

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 20 1966  
(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.  
Hypertensive 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? .....

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

If so, specify .....

(Signed) George W. Curtis, M.D.

George W. Curtis, M.D.

(Address) 784 Mass. Avenue Date Jan. 20, 1966

7 WINTHROP CEM. - EVERETT

Place of Burial or Cremation. (City or Town)

DATE OF BURIAL JAN. 21 1966

8 NAME OF FUNERAL DIRECTOR ARNOLD GOLAN

ADDRESS 1668 BRACON ST. BROOKLINE

Received and filed JAN 25 1966

A TRUE COPY ATTEST: (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX MALE 10 COLOR WHITE 11 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

12 If married, widowed, or divorced

HUSBAND of .....  
(Give maiden name of wife in full)(or) WIFE of CELIA KUPFERMAN  
(Husband's name in full)13 AGE 54 Years 16 Months 15 Days If under 24 hours  
Hours Minutes14 Usual Occupation: Manager (Belt Co.)  
(Kind of work done during most of working life)

15 Industry of Business: BECKER BELT CO.

16 Social Security No. 016-16-9633

17 BIRTHPLACE (City) MURENBERG  
(State or country) GERMANY

18 NAME OF FATHER BERYL KUPFERMAN

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

20 MAIDEN NAME OF MOTHER UNKNOWN

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

22 Informant (Address) MAS. CELIA KUPFERMAN

18 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:

F. P. S. (Signature of Agent of Board of Health or other)

(Official Designation) Jan 21 1966  
(Date of Issue of Permit)

O.B. V.B.

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar



MAR 11 1966 AM

RM R-301

burial permit  
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X OUT-OF-TOWN

Suffolk

(County)

Boston

(City or Town)

No.



The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

43

STANDARD

CERTIFICATE OF DEATH

Registered No. 1394

Melville Nursing Home

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

PHYSICIAN — IMPORTANT

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

19 Lincoln Terrace

Winthrop Mass.

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

St.

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 22, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Jan. 16, 19 66 Jan. 22 66I last saw alive on Jan. 22, 19 66, death is said to  
have occurred on the date stated above, at 7 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary edema

Due To  
(b)Due To  
(c)Arterio sclerotic heart  
diseaseINTERVAL  
BETWEEN  
ONSET AND  
DEATH  
3 Days

2 Yrs

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

(Signature) E C Messer, M. D.

(Print or Type Name)

(Address) Boston Mass Date 2-18, 66

Blue Hill Cem-Braintree Mass

6 Place of Burial or Cremation Jan. 25, 1966 (City or Town)

DATE OF BURIAL Jan. 25, 1966

7 NAME OF FUNERAL DIRECTOR J H Richardson & Son  
Dorchester Mass

ADDRESS

Received and filed Feb. 25, 1966

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED DIVORCED UNKNOWN  
Widowed11 If married, widowed, or divorced  
HUSBAND of Alice Cordley  
(Give maiden name of wife in full)

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

12 AGE 70 Years 10 Months 15 Days If under 24 hours  
Hours Minutes13 Usual Occupation Captain  
(Kind of work done during most of working life)

14 Industry or Business Merchant Ship

15 Social Security No. 084-07-0987

16 BIRTHPLACE (City) Denmark  
(State or country)

17 NAME OF FATHER Peter Larsen

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

19 MAIDEN NAME OF MOTHER Marie Olsen

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

21 Informant Otto Larsen

(Address)

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

J Flanagan

(Signature of Agent of Board of Health or other)

020479

Jan. 24, 1966

(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



MAR 10 1966 AM

T - OF - TOWN  
R-301

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON  
(City or Town making this return)

44

01188

SUFFOLK

(County)

BOSTON

(City or Town)



## STANDARD CERTIFICATE OF DEATH

Registered No.

No. **Massachusetts General Hospital BAKER MEMORIAL**

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

PHYSICIAN — IMPORTANT

2 FULL NAME **Mrs. Katherine O'Connor, (Kinshorf)**  
(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 11**

(a) Permanent Residence. No. **115 Read** St. **Winthrop, Mass.**  
(Usual place of abode) (City or town and State)

Length of stay: In place of death, years **7** months **7** days. In place of residence **15** years **5** months **5** days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **1 - 30 - 66**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Jan. 22, 1966** to **Jan. 30, 1966**  
or **Jan. 30, 1966**, death is said to have occurred on the date stated above, at **8:30 P.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **RUPTURED BERRY ANEURYSM**

(b) Due To **STATUS P.O. CRAINOTOMY**

Due To **WRAPPING BILATERAL INTERNAL CAROTIDS**  
**BERRY ANEURYSM**

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

**5 DAYS**

**5 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 **cc. cc.**

(Signature) **Charles L. Clay, M.D.**, M. D.

(Print or Type Name)

(Address) **Ass't. Dir., Mass. Gen'l. Hosp.** Date **Jan. 30, 1966**

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

DATE OF BURIAL **Feb. 3, 1966**

7 NAME OF FUNERAL DIRECTOR **Maurice W. Kirby**

ADDRESS **210 Winthrop St. Winthrop, Mass.**

Received and filed **FEB 4 1966**

(Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Harry M. O'Connor**  
(Husband's name in full)

12 AGE **66** Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation **House Wife** **Retired**  
(Kind of work done during most of working life)

14 Industry or Business **Home**

15 Social Security No. **014-18-2185**

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

17 NAME OF FATHER **John M. Kinshorf**

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

19 MAIDEN NAME OF MOTHER **Adelaide Cottuli**

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

21 Informant **Mrs. Barbara McKeen**

(Address) **35 Amelia Ave. Winthrop, Mass.**

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

**C 20854 Kenneth W. Ford**  
(Signature of Agent of Board of Health or other)

**Feb. 2, 1966**  
(Official Designation) (Date of Issue of Permit)

burial permit of Health gent.

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A TRUE COPY ATTEST:

*William J. Kane.*

City Registrar



MAR 11 1966 AM



T - OF - TOWN

FORM R-301

ed for burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
FOR  
AL CERTIFICATE

NT OR TYPE  
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to the terminal  
condition given

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

45

(City or Town making this return)

Suffolk  
(County)

Boston  
(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 01178

No. Peter Bent Brigham Hospital

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

PHYSICIAN — IMPORTANT

2 FULL NAME Mary J. Smythe  
(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

Bay View Nursing Home

(a) Permanent Residence. No. 26 Sturgis

St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death.....years.....months14 days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 1, 1966.  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That We attended deceased from  
Jan. 18, 1966 to Feb. 1, 1966

We last saw her alive on Feb. 1, 1966, death is said to  
have occurred on the date stated above, at 4:11 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(Acute peritonitis with sub-hepatic  
abscess

Due To (b) Carcinoma of cervix, locally invasive,  
with hemorrhage

Due To  
(c)

OTHER SIGNIFICANT CONDITIONS Ureteral obstruction with  
dilatation & left hydronephrosis  
Status post-nephrectomy, right

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

(Signature) Menelaos A. Aliapoullos M.D.  
Menelaos A. Aliapoullos

(Address) PBBH Feb. 1, 1966.

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

DATE OF BURIAL FEB 5 1966

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc

ADDRESS 917 BENNINGTON ST Boston

Received and filed FEB 4 1966

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

FEMALE WHITE MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

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

12

AGE

72 Years

If under 24 hours

Hours Minutes

13 Usual

Occupation

BUSINESS AGENT

(Kind of work done during most of working life)

14 Industry

or Business:

UNION RETIRED

15 Social Security No.

017-22-3290

16 BIRTHPLACE (City)

(State or country)

EAST BOSTON MASS

17 NAME OF

FATHER

WILLIAM C. BRITAIN

18 BIRTHPLACE OF

FATHER (City)

(State or country)

EAST BOSTON

19 MAIDEN NAME

OF MOTHER

MASS. MARK T. FLYNN

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

ST-John NEWFOUNDLAND

21 Informant

(Address)

MILDRED HOWARD SISTER

65 BEAL ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death

was filed with me BEFORE the burial or transit permit was issued:  
277 J. K. B. 20866

(Signature of Agent of Board of Health or other)  
FEB 2 1966

(Official Designation)  
(Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane.*

City Registrar



MAR 11 1966 AM

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

46

Middlesex  
(County)

Cambridge

(City or Town making this return)

Cambridge

(City or Town)

COPY OF  
 CERTIFICATE OF DEATH

Registered No. 168

No. Holy Ghost Hospital

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

2 FULL NAME John Leo MacDonald

(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

Vol. Bk. Leo J.

(a) Permanent Residence. No. 101 Almont Street

St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death years 1 months 17 days. In place of residence 62 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 3, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
 Dec. 17, 65 to Feb. 3, 66  
 I last saw him on Feb. 3, 1966 death is said to  
 have occurred on the date stated above, at 6:30 A.M.

INTERVAL  
 BETWEEN  
 ONSET AND  
 DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral vascular accident

Due To (old) with right sided  
 (b) hemiparesis

Due To Cirrhosis of Liver  
 (c)

OTHER  
 SIGNIFICANT  
 CONDITIONS Carcinoma of Lung, recent

Was autopsy performed? no

What test confirmed diagnosis?

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

(Signature) John F. Lee, M. D.

(Address) Holy Ghost Hosp. Date 2-3 66

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

DATE OF BURIAL Feb. 5, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed FEB 17 1966 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  
 DIVORCED  
 UNKNOWN Married

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

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

12 AGE 62 Years Months Days If under 24 hours  
 Hours Minutes

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

14 Industry or Business Town of Winthrop

15 Social Security No.

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

17 NAME OF  
 FATHER Daniel MacDonald

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

19 MAIDEN NAME  
 OF MOTHER Margaret McLean

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

21 Informant Alice MacDonald

(Address) 101 Almont St. Winthrop

A TRUE COPY

ATTEST: Thomas D. Damara  
 (Registrar of City or Town where death occurred)

DATE FILED Feb. 4, 1966

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.)



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....



The Commonwealth of Massachusetts

BOSTON

Suffolk

(County)

West Roxbury

(City or Town)



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return)

STANDARD

01404

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

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

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

(a) Permanent Residence. No. 14 Sunnyside Ave. st. Winthrop, Mass.  
(City or town and State)

Length of stay: In place of death 0 years 0 months 16 days. In place of residence 17 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 6, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That VA attended deceased from 1/20/1966 to 2/6/1966

death is said to have occurred on the date stated above, at 4:40 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic Carcinoma Lung with Hypercalcemia

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

(Signature) Robert G. Dlugy, M. D.

Robert G. Dlugy

(Address) VAH, West Roxbury, Mass.

Date 2/7/1966

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 9 1966

7 NAME OF FUNERAL DIRECTOR Maurice Kirby Funeral Home

ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed FEB 10 1966

William J. Kane

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 44 Years 3 Months 1 Days If under 24 hours Hours Minutes

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

14 Industry or Business

15 Social Security No. 031-05-20-85

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

17 NAME OF FATHER Herman W. Shaneck

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

19 MAIDEN NAME OF MOTHER Muriel Adams

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

21 Informant Hospital Records

(Address)

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

C. 2110 / Kenneth W. Fied (Signature of Agent of Board of Health or other)

Feb. 8, 1966 (Date of Issue of Permit)

A TRUE COPY ATTEST:

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar



MAR 11 1966 AM



OUT - OF - TOWN

FORM R-301

SUFFOLK

BOSTON

(City or Town)

MASSACHUSETTS GENERAL HOSPITAL

No.

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

01452

STANDARD  
CERTIFICATE OF DEATH

Registered No.

2 FULL NAME Lucia Rauseo  
(If deceased is a married, widowed or divorced woman, give also maiden name.){(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)  
PHYSICIAN — IMPORTANT(a) Permanent Residence. No. 212 Woodside Ave. St. Winthrop, Massachusetts  
(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 7, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
February 7, 1966, to February 7, 1966  
I last saw her alive on February 7, 1966, death is said to  
have occurred on the date stated above, at 12:35 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) SEPSIS(b) INCARCERATED UMBILICAL(c) HERNIAOTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? YESWhat test confirmed diagnosis? AUTOPSY5 Was disease or injury in any way related to occupation of deceased? .....  
If so, specify no(Signature) Charles L. Clay, M.D., M. D.

(Print or Type Name)

(Address) Asst. Dir. Mass. Gen'l. Hosp. Date Feb. 7, 19666 ST. MICHAEL CEMETERY, BOSTON  
Place of Burial or Cremation (City or Town)DATE OF BURIAL FEB. 10, 19667 NAME OF FUNERAL DIRECTOR JOHN CINCOTTI & SONSADDRESS 7 COOPER ST. BOSTONReceived and filed Feb. 11 1966 19.

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

FEMALE WHITE

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of NICOLA RAUSEO

(Husband's name in full)

12

AGE 68

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

If under 24 hours

Hours.....Minutes

13 Usual

Occupation none

(Kind of work done during most of working life)

14 Industry

or Business:

NONE

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

ITALY

17 NAME OF

FATHER

EUPLIO RAUSEO

18 BIRTHPLACE OF

FATHER (City)

ITALY

(State or country)

19 MAIDEN NAME

OF MOTHER

MARIA ?

20 BIRTHPLACE OF

MOTHER (City)

ITALY

(State or country)

21 Informant MARY REPPUCCI, DAUGHTER(Address) 29 THACHER 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)

(Official Designation)

(Date of Issue of Permit)

Declined by Medical Examiner

ed for burial permit  
Board of Health  
or its Agent.INSTRUCTIONS  
FOR  
MEDICAL CERTIFICATEPRINT OR TYPE  
NAME OR CAUSES  
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.Conditions, if any,  
which gave rise to  
above cause (a),  
listing the under-  
lying cause last.Conditions contrib-  
uting to death but not  
related to the terminal  
disease condition givenNAME  
CINCOTTI & SONS

1966

Please use only  
BLACK Ink.

0-3-65-939763

A TRUE COPY, TRUE

*William J. Kase*

1865/1870

City of New York

RECEIVED



MAR 11 1966 AM

FORM R-301

OUT OF TOWN

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

49

(City or Town making this return)

Suffolk  
(County)

Boston  
(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 01538

PLACE OF DEATH

xx 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 Robert H. <sup>Henry</sup> Lincoln  
(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) Permanent Residence. No. 229 Washington Ave. x. Winthrop, Mass.  
(City or town and State)

Length of stay: In place of death 26 days. In place of residence 21 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 10 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Jan. 15 1966 to Feb. 10 1966

have occurred on the date stated above, at 9:55A. m. death is said to

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute anteroseptal myocardial

Due To infarction

(b) Arteriosclerotic heart disease (yrs)

(c)

INTERVAL BETWEEN ONSET AND DEATH wks.

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? Yes Autopsy

What test confirmed diagnosis? No

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

(Signature) Murray Leavitt, M. D.

(Address) VAH, Boston, Mass. Date Feb. 10 1966

6 Winthrop Cem., Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 12 1966

7 NAME OF FUNERAL DIRECTOR Alfred Marsh Funeral Home

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed FEB 15 1966

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 69 Years 5 Months 4 Days If under 24 hours Hours Minutes

13 Usual Occupation Carpenter, retired (Kind of work done during most of working life)

14 Industry or Business self employed

15 Social Security No 001-16-2936

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

17 NAME OF FATHER Fred Lincoln

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

19 MAIDEN NAME OF MOTHER Mary Carroll

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

21 Informant V.A. Hospital Records, 150 S. Huntington Ave., Boston, Mass.

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death has been 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)

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

INSTRUCTIONS FOR MEDICAL CERTIFICATE

PRINT OR TYPE CAUSE OR CAUSES OF DEATH

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

This does not mean he made of dying, such as heart failure, asthma, etc. It means he disease, or complications which caused death.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Conditions contributing to death but not related to the terminal disease condition given in (a).

3-28-66



A TRUE COPY ATTEST:

*William J. Kane.*

MAR 28 1966

FORM R-301

## The Commonwealth of Massachusetts

50

KEVIN H. WHITE

BOSTON

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return)

SUFFOLK

(County)

BOSTON

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 01700

No. University Hosp; 750 Harrison Ave

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

PHYSICIAN — IMPORTANT

2 FULL NAME GRIMES, MAE E. (MADDEN)

(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) Permanent Residence. No. 241 WASHINGTON Ave. St. WINTHROP, MASS.

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY 13 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2/9 1966 to 2/13 1966

I last saw her alive on 2/13 1966 death is said to have occurred on the date stated above, at 7A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY FIBROSIS &amp; COR PULMONALE 13 YRS &amp; POLYCYTHEMIA

INTERVAL BETWEEN ONSET AND DEATH

Due To (b) M

Due To (c)

OTHER SIGNIFICANT CONDITIONS ① ASHD ② CANCER ③ BREAST

Was autopsy performed?

What test confirmed diagnosis?

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

(Signature) DONNA P. BARNARD, M. D.

DONNA P. BARNARD  
(Print or Type Name)

(Address) UNIVERSITY HOSP Date 2/13 1966

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

DATE OF BURIAL Feb 16 1966

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS 210 Winthrop St. Winthrop, Mass.

Received and filed FEB 17 1966

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

Michael I Grimes (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 AGE 79 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Realtor

(Kind of work done during most of working life)

14 Industry or Business Real Estate

15 Social Security No.

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

17 NAME OF FATHER Thomas Madden

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

19 MAIDEN NAME OF MOTHER Elizabeth Reddy

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

21 Informant Cleo M Grimes

(Address) 241 Washington Ave Winthrop

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

(Signature of Agent of Board of Health or other)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

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

INSTRUCTIONS FOR MEDICAL CERTIFICATE

PRINT OR TYPE CAUSE OR CAUSES OF DEATH

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

This does not mean to be made of dying, such as heart failure, pneumonia, etc. It means the disease, or complications which caused death.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Conditions contributing to death but not related to the terminal disease condition given (a).

A.S.H.D. Arteriosclerotic Heart Dis.

-28-1966

OM-5-64-938000

A TRUE COPY ATTEST:

*William J. Kane.*

City Registrar

MAR 20 1866 A.



FORM R-301

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)


 KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

 Boston  
 (City or Town making this return)

 STANDARD  
 CERTIFICATE OF DEATH

Registered No. 01752

No MASSACHUSETTS GENERAL HOSPITAL

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

 2 FULL NAME Duncan Daniel D. ~~Knox~~ Fraser  
 (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) Permanent Residence. No. 90 Putnam St. St. Winthrop, Massachusetts  
 (City or town and State)

 Length of stay: In place of death 5 years 5 months 5 days. In place of residence 50 years 5 months 5 days.

## MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH February 14, 1966  
 (Month) (Day) (Year)  
 4 I HEREBY CERTIFY, That deceased died from  
February 9, 1966, to February 14, 1966  
we last saw him live on February 14, 1966, death is said to  
have occurred on the date stated above, at 4:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

 (a) Bronchopneumonia  
 (b) Cerebral Artery Thrombosis 4 Days  
 (c)

 OTHER SIGNIFICANT CONDITIONS Hypertensive Heart Disease

 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

 (Signature) C. C. Clay, M. D.

Charles L. Clay, M.D.  
 (Print or Type Name)

 (Address) Apt. 4, Mass. Gen'l. Hosp. Date Feb. 14, 1966

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

 DATE OF BURIAL February 16, 1966

 7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

 ADDRESS 174 Winthrop St. Winthrop,

 Received and filed FEB 22 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

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

 12 AGE 87 Years 10 Months 29 Days  
 11 under 24 hours  
 Hours \_\_\_\_\_ Minutes \_\_\_\_\_

 13 Usual Occupation retired house painter  
 (Kind of work done during most of working life)

 14 Industry or Business self employed

 15 Social Security No. 021-10-3574

 16 BIRTHPLACE (City) Canada  
 (State or country)

 17 NAME OF FATHER Duncan Fraser

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

 19 MAIDEN NAME OF MOTHER Alice MacKenzie

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

 21 Informant Wallace R. Fraser

 (Address) R.F.D. 1 Durham, N.H.

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

Samuel Arnoldson 521498  
 (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane.*

City Registrar



MAR 28 1866 AM

OUT - OF - TOWN

## The Commonwealth of Massachusetts

52

FORM R-301

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSBoston  
(City or Town making this return)

STANDARD

## CERTIFICATE OF DEATH

Registered No. 02425

PLACE OF DEATH

SUFFOLK  
(County)BOSTON  
(City or Town)

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

PHYSICIAN — IMPORTANT

2 FULL NAME. MR. MATTI DOVE  
(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) Permanent Residence. No. 54 CENTRE ST. WINTHROP, MASS.  
(City or town and State)

Length of stay: In place of death. 3 years. months. days. In place of residence. 11 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 1 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from FEB 26 1966 to MARCH 1 1966

I last saw him alive on MARCH 1 1966 death is said to have occurred on the date stated above, at 12:05 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC ARREST 1 HR

(b) MYOCARDIAL INFARCTION 1 HR

(c) ATHEROSCLEROSIS YEARS

OTHER SIGNIFICANT CONDITIONS LOBAR PNEUMONIA 2 DAYS

Was autopsy performed? YES

What test confirmed diagnosis?

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

(Signature) DAVID A. EPPARD, M. D.

(Address) UNIV. HOSP. Da. MARCH 1 1966

6 Forest Hill Cemetery, Fitchburg  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 5, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop.

Received and filed MAR 8 1966

A TRUE COPY ATTEST: (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 76 Years 1 Months 16 Days If under 24 hours Hours Minutes

13 Usual Occupation retired Iron worker (Kind of work done during most of working life)

14 Industry or Business ornamental Iron Works

15 Social Security No. 029-03-5804

16 BIRTHPLACE (City) Karskula (State or country) Finland

17 NAME OF FATHER John Kyyhkynen

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

19 MAIDEN NAME OF MOTHER Lena Laasala

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

21 Informant Mrs. Matti Dove (Address) 54 Centre St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death has been filed with me BEFORE the burial or transit permit was issued: P. Braca C 23094 (Signature of Agent of Board of Health or other)

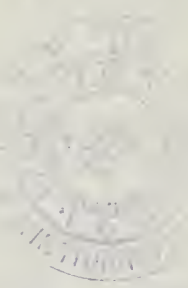
March 4 1966 (Official Designation) (Date of Issue of Permit)



A TRUE COPY ATTEST:

*William Kane.*

City Registrar



MAR 28 1956 AM

burial permit  
of Health  
Agent.

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

53

PLACE OF DEATH

Suffolk

(County)

WINTHROP

(City or Town)

No. 19 NEPTUNE AVE

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

LILLIAN SEROTA

(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) Permanent Residence. No.

19 NEPTUNE AVE

St. WINTHROP, MASS

(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  
DEATHMARCH 2, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
JAN 56, to MARCH 2, 1966

I last saw him alive on MARCH 1, 1966, death is said to

have occurred on the date stated above, at 5:10 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive Heart Disease

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 yrs.

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Cancer of Uterus

14 yr

Was autopsy performed?

No

What test confirmed diagnosis? Clinical Pathology

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

(Signature)

Charles Liberman  
CHARLES LIBERMAN

M. D.

(Address) WINTHROP, MASS

Date 3/2/1966

6 Lindwood Mem. Park

Randolph

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

March 3

1966

7 NAME OF

FUNERAL DIRECTOR

Paul R. Levine

ADDRESS 470 Harvard St., Brookline

Received and filed

MAR 2 1966

19

John A. Clark

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

DIVORCED

UNKNOWN

Married

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Alfred Serota

(Husband's name in full)

12

AGE

48

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation

House-wife

(Kind of work done during most of working life)

14 Industry

or Business

At home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston

17 NAME OF

FATHER

William Greenfield

18 BIRTHPLACE OF

FATHER (City)

(State or country)

(unknown)

19 MAIDEN NAME

OF MOTHER

Anne (unknown)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

(unknown)

21 Informant

Alfred Serota

(Address)

19 Neptune Ave., Winthrop

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

Dorothy Bernard

(Signature of Agent of Board of Health or other)

Dir. of Public Health

(Official Designation)

March 3, 1966

(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.

MAR 2 1966



OUT - OF - TOWN

FORM R-303

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

OR TYPE THE CAUSE OR CAUSES OF DEATH ON DEATH CERTIFICATES.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, § 6, 20; Chap. 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.

100M-5-64-938000

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

54

(City or Town making this return)

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registered No. 02325

No. \_\_\_\_\_ Massachusetts General Hospital death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

2 FULL NAME KENNETH E. VAZQUEZ  
(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) Permanent Residence. No 191 Woodside Avenue, St. Winthrop  
(City or town and State)

Length of stay: In place of death, years, months, 5 days. In place of residence, 52 years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 3, 1966  
(Month) (Day) (Year)

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

5 Accident, suicide, or homicide (specify) Accident.  
Date and hour of injury February 26, 1966

IF ACCIDENTAL, was injury causally related to the death? Yes.

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? Airport hangar.

Manner of Injury Fall from height while cleaning snow from airplane wing.  
(Specify type of place)

Nature of Injury

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

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

If

(Signature) Michael A. Longo, M.D.

(Print or Type Name)

(Address) Boston Date 3/3, 1966

7 Winthrop Cem Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 7, 1966

8 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.

ADDRESS 917 Bennington St. E. B.

Received and filed MAR 7 1966

A TRUE COPY ATTEST J. Hane (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

12 If married, widowed, or divorced  
HUSBAND of Elizabeth P. Lamb  
(Give maiden name of wife in full)

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

13 AGE 52 Years Months Days If under 24 hours Hours Minutes

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

15 Industry Business: AMERICAN AIR LINES

16 Social Security No. 013-05-4915

17 BIRTHPLACE (City) BOSTON MASS.  
(State or country)

18 NAME OF FATHER William B. VAZQUEZ

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

20 MAIDEN NAME OF MOTHER Ella May LAWS

21 BIRTHPLACE OF MOTHER (City) BOSTON, MASS.  
(State or country)

22 Informant (Address) Elizabeth VAZQUEZ

191 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) March 3 1966

A TRUE COPY ATTEST:

*William J. Kane*

City Registrar



MAR 28 1966 AM

For burial permit  
Board of Health  
Agent.

CERTIFICATE

OF DEATH

enter  
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or each  
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48, Acts of  
quires Physi-  
print or type  
der signature.

referred to Board of Health  
examined by physician

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 70 Sagamore Ave.



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

COPY OF  
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

2 FULL NAME Sally H. (Zommer) Weiner

(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. 70 Sagamore Ave.  
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 4 1966  
(Month) (Day) (Year)

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

I last saw h..... alive on....., 19....., death is said to  
have occurred on the date stated above, at 7:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due

(b) to natural causes

(c) to Winthrop Board of Health

OTHER SIGNIFICANT CONDITIONS  
Charles Liberman, M.D.

Was autopsy performed? Yes

What test confirmed diagnosis?

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

(Signed) Charles Liberman, M. D.  
(Print or Type Name)

(Address) WINTHROP, MASS. Date 3/4/1966

6 Adath Jeshurin Cemetery Dedham  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 6, 1966

7 NAME OF FUNERAL DIRECTOR Murray Goldman

ADDRESS 174 Ferry St. Malden

Received and filed

MAR 4 1966

(Registrar of City or Town where deceased resided)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 AGE 60 Years.....Months.....Days If under 24 hours  
Hours.....Minutes

13 Usual Occupation Saleswoman Part Time  
(Kind of work done during most working life)

14 Industry or Business Filene's Boston, Mass.

15 Social Security No. 027-30-1285

16 BIRTHPLACE (City) New York  
(State or country) N. Y.

17 NAME OF FATHER Charles Zommer

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

19 MAIDEN NAME OF MOTHER Fannie (Unknown)

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

21 Informant Leo Weiner  
(Address)

70 Sagamore Ave. Winthrop

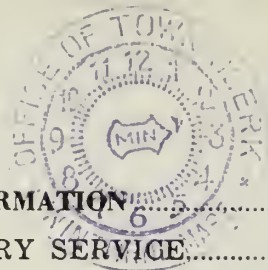
I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)





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

MAR - 4 1966 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.

OUT - OF - TOWN

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

56

(City or Town making this return)

02394

Registered No.

STANDARD  
CERTIFICATE OF DEATH

Veterans Administration Hospital

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

PHYSICIAN — IMPORTANT

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

WWI

2 FULL NAME

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

Archie F. WINTER

(a) Permanent Residence. No.

15 Elliott

St. Winthrop, Mass.

(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 5 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That VA attended deceased from  
Oct 8 1965, to March 5, 1966

have occurred on the date stated above, at 9:30 am

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cachexia of Malignancy

(b) Due To Metastatic Carcinoma to  
Left Lung

(c) Due To Carcinoma of Prostate

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

Weeks

Months

1 Year

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

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

(Signature) P. J. Otis, M. D.

PETER J. OTIS  
(Print or Type Name)

(Address) VAH, Boston, Mass. Date Mar 5 1966

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

DATE OF BURIAL March 8, 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds FH

ADDRESS 180 Winthrop St, Winthrop, Mass.

Received and filed MAR 8 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

DIVORCED

UNKNOWN

Divorced

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE

75

Years

2

Months

18

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation

Real Estate Salesman (Retired)

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

056 01 08 32

16 BIRTHPLACE (City)

Medford

(State or country)

Mass.

17 NAME OF

FATHER

Charles Winter

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Harriett Owen

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21 Informant

VA Hospital Records

150 So. 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:

P. J. Otis (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane.*

City Registrar

MAR 28 1966 AM



Funeral permit  
of Health  
gent.

ATIONS

IFICATE

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condition given

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Winthrop

(City or Town making this return)

SUFFOLK

(County)

WINTHROP, MASS

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

57

No. Winthrop Community Hospital

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

LEO

PHYSICIAN — IMPORTANT

2 FULL NAME HERBERT BUDREAU

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

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

W.W.1

(a) Permanent Residence. No. 7 WASHINGTON AVE, WINTHROP MASS,

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 13 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
JAN 60, to MARCH 13, 1966  
I last saw him alive on MARCH 13, 1966, death is said to  
have occurred on the date stated above, at 9:50 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO SCLEROTIC HEART

Due To Disease

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

VARICOSE VEINS LEGS 10 yrs

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

(Signature) Charles Liberman, M. D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS. Date 3/13/1966

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

DATE OF BURIAL March 15 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Laron

ADDRESS 174 Winthrop St. Winthrop,

Received and filed MAR 15 1966

John A. Clark

(Registrar)

A TRUE COPY ATTEST

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED married  
WIDOWED  
DIVORCED  
UNKNOWN

male white

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

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

12

AGE 67 Years 4 Months 17 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation retired painter

(Kind of work done during most of working life)

14 Industry

or Business: U.S. Navy Yard

15 Social Security No.

023-01-7019

16 BIRTHPLACE (City)

East Boston

(State or country)

Massachusetts

17 NAME OF

FATHER

Simon Budreau

18 BIRTHPLACE OF

FATHER (City)

St. John

(State or country)

New Brunswick

19 MAIDEN NAME

OF MOTHER

Alice Crossthwaite

20 BIRTHPLACE OF

MOTHER (City)

St. John

(State or country)

New Brunswick

21 Informant Mrs. H.L. Budreau

(Address) 7 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  
Vincenzo J. Gagliardi

(Official Designation)

(Date of Issue of Permit) 3/15/66

**SPACE FOR ADDITIONAL INFORMATION** .....

DATE OF ENTERING MILITARY SERVICE 6/17 3/26/17  
 DATE OF DISCHARGE 7/2/19  
 RANK, RATING Pvt. 1/c  
 ORGANIZATION AND OUTFIT 26th Div. U.S. Army  
 SERVICE NUMBER 204 904

**RULES OF PRACTICE**

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

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

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

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

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

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 15 19**

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

Form 100-1 (City or Town making this return)

COPY OF  
 CERTIFICATE OF DEATH

Registered No. 581

PLACE OF DEATH

Essex

(County)

Newburyport

(City or Town)



No. Anna Jaques Hospital

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

2 FULL NAME Howard C. Bissell

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

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

(a) Residence. No. 120 Glenville Ave.

(Usual place of abode)

St. Alliston Boston

(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 14, 1966  
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 1965 to March 14, 1966  
 I last saw him alive on March 13, 1966 death is said to have occurred on the date stated above, at 6:25 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia

INTERVAL  
 BETWEEN  
 ONSET AND  
 DEATH

18 days

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Generalized Arterio-sclerosis Diabetes Mellitus 2+ yrs 13 yrs

Was autopsy performed? No

What test confirmed diagnosis? Clinical, X-ray, Laboratory

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

(Signed) Melvin F. Ames, M. D.

130 High St., Newburyport, Mass. March 14, 1966  
 (Address) (City or Town) (Date)

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 16, 1966

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed March 16, 1966

(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 DIVORCED UNKNOWN Married

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

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

12 AGE 87 Years 11 Months 0 Days If under 24 hours Hours Minutes

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

14 Industry or Business Structural

15 Social Security No. 031-05-0001

16 BIRTHPLACE (City) Ellington, Conn.  
 (State or country)

17 NAME OF FATHER Henry Bissell

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

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain  
 (State or country)

21 Informant Helen O. Bissell  
 (Address)

16 Green St., Newbury, Mass.

A TRUE COPY

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

DATE FILED March 15, 1966

Copies of returns of deaths which occurred in 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.)



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....2/26/20.....

RANK, RATING .....Major.....

ORGANIZATION AND OUTFIT.....U.S. Army.....

SERVICE NUMBER.....

.....

RECEIVED



MAR 16 1956 AM

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Winthrop

(City or Town making this return)

SUFFOLK

(County)

WINTHROP, MASS.

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

59

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

Elizabeth (Salvatore) Carnicelli

(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) Permanent Residence. No. 173 Court Rd.

St. Winthrop, Mass.

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATHMARCH 14, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

JAN. 1, 1966, to March 14, 1966

I last saw her live on MARCH 14, 1966, death is said to  
have occurred on the date stated above, at 2:25 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular occlusion 2 wks

(b) Due To Cerebral arteriosclerosis 3 yrs.

(c) Due To

OTHER  
SIGNIFICANT  
CONDITIONS Bronchopneumonia 3 wks  
DIABETES MELLITUS 3 yrs.

Was autopsy performed?

What test confirmed diagnosis? Clinical.

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

If so, specify

(Signature) Charles Liberman, M.D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS. Date 3/14/1966

6

Place of Burial or Cremation

DATE OF BURIAL

March 16, 1966

7 NAME OF

FUNERAL DIRECTOR

Ernest P. Maggiani

ADDRESS

147 Winthrop St Winthrop

Received and filed

MAR 15 1966

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

married

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Anthony Carnicelli  
(Husband's name in full)

12

AGE 80

Years 5

Months 13

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

AT Home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

New York  
New York

17 NAME OF

FATHER

Michael Salvatore

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Mary Di Brasi

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21 Informant

(Address)

Mrs Alfred La Prade

174 E Court 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:

Richard Griffin (ack)

(Signature of Agent of Board of Health or other)

Director of Public Health

(Date of Issue of Permit)

3/15/66

0.13 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.



Burial permit  
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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWINTHROP  
(City or Town making this return)STANDARD  
CERTIFICATE OF DEATH

Registered No. 60

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

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

PHYSICIAN — IMPORTANT

2 FULL NAME HELEN COX (Hornor) { (Was deceased a  
(If deceased is a married, widowed or divorced woman, give also maiden name.) U. S. War Veteran,  
if so specify WAR) No(a) Permanent Residence. No. 32 CRYSTAL COVE AVENUE St. WINTHROP, MASS.  
(City or town and State)

Length of stay: In place of death 14 years 7 months 14 days. In place of residence 7 years 7 months 14 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 16 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 13, 1965, to MARCH 16, 1966.  
I last saw her alive on MARCH 16, 1966, death is said to  
have occurred on the date stated above, at 1:30 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERALIZED CARCINOMATOSIS 4 MOS  
Due To ADEMO CARCINOMA RIGHT BREAST 8 MOS  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS NONEWas 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(Signature) M. T. Traubstein Jr. M.D.  
(Print or Type Name)(Address) 73 BARTLETT RD. Date MARCH 16, 1966  
WINTHROP, MASS.6 Woodlawn Everett Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 19 1966

7 NAME OF FUNERAL DIRECTOR Ernest Phagman

ADDRESS 147 Wintthrop St Wintthrop

Received and filed MAR 18 1966

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Divorced11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Francis Cox  
(Husband's name in full)12 AGE 47 years 9 months 14 days If under 24 hours  
Hours Minutes13 Usual Occupation Librarian  
(Kind of work done during most of working life)

14 Industry or Business Auditing Co

15 Social Security No. 030-003-5394

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

17 NAME OF FATHER George E. Hornes

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

19 MAIDEN NAME OF MOTHER Katherine M. Stack

20 BIRTHPLACE OF MOTHER (City) Charlestown  
(State or country) Mass21 Informant Miss Karen M. Cox  
(Address) 32 Crystal Cove Ave WintI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin Jr.  
(Signature of Agent of Board of Health or other)Director of Public Health March 18, 1966  
(Official Designation) (Date of Issue of Permit)

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

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RULES OF PRACTICE

MAR 18 1966 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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

SUFFOLK  
(County)

WINTHROP

(City or Town)

WINTHROP COMMUNITY HOSPITAL

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

PHYSICIAN — IMPORTANT

2 FULL NAME. WILLIAM MORSE

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

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

(a) Permanent Residence. No. 114 BYRON ST

St. EAST BOSTON, MASS

(City or town and State)

Length of stay: In place of death.....years.....2.....months.....3.....days. In place of residence.....67.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 16, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Jan 6, 1966, to Mar 16, 1966I last saw him alive on Jan 15, 1966, death is said to  
have occurred on the date stated above, at 10 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Edema (3 days)

(b) Due To Carcinomatosis

(c) Due To

INTERVAL  
BETWEEN  
ONSET AND  
DEATH3/13/66  
1964OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? Pathology Report

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

(Signature) Louis F. Schreffel, M. D.

LOUIS F. SCHREFFEL M.D.  
(Print or Type Name)

(Address) 19 Bennington St. B. Date Mar 16, 1966

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

DATE OF BURIAL March 19, 1966

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed MAR 18 1966

John A. Clark

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED single  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

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

14 Industry or Business: Welding Supplies

15 Social Security No. 616-03-9790

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

17 NAME OF FATHER William W. Morse

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

19 MAIDEN NAME OF MOTHER Mary J. Cullen

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

21 Informant Donald W. Morse

(Address) Lawrence Academy, Groton

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin (M.A.)  
(Signature of Agent of Board of Health or other)Director of Public Health 3/18/66  
(Official Designation) (Date of Issue of Permit)



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

MAR 18 1966 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.

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

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

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Wintrop  
(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 62

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

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

(a) Permanent Residence. No. 63 Chester Avenue St.  
(City or town and State)

Length of stay: In place of death years months 14 days. In place of residence 52 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 17 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
3/11 1966 to 3/17 1966  
I last saw him alive on 3/17 1966, death is said to  
have occurred on the date stated above, at 12 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL VASCULAR ACCIDENT 6 yrs  
E RT. HEMIPLEGIA

(b) ANTERIO-SCLEROTIC HEART DIS 2 yrs

(c) GENERAL ARTERIO-SCLEROSIS

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

(Signature) Myron N. King M. D.

(Address) Myron N. King M.D.  
Winthrop St. Winthrop, Mass. 3/18 1966

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

DATE OF BURIAL March 19, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 3-18 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of William Gold Grant  
(Husband's name in full)

12 AGE 30 Years 1 Months 27 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) Halifax  
(State or country) Nova Scotia

17 NAME OF FATHER Harvey McLeod

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

19 MAIDEN NAME OF MOTHER Carrie Gardner

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

21 Informant W. Robert Grant

(Address) Nashua, New Hampshire

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

Richard Griffin  
(Signature of Agent of Board of Health or other)

Director of Public Health 3/18/66  
(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.

MAR 18 1966 PM



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

63

Registered No.

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 66 Loring Road

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

## PHYSICIAN — IMPORTANT

2 FULL NAME Lillie D (Bloomfield) Sleeper  
(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) Permanent Residence. No. 66 Loring Road  
(Usual place of abode)

St. (City or town and State)

Length of stay: In place of death 40 years months days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 19 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Dec 10 1964 to March 19 1966  
I last saw h. alive on March 19 1966 death is said to  
have occurred on the date stated above, at 4:45 P.M.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral thrombosis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 hours

Due To arteriosclerosis  
(b)

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

(Signature) H. B. Greenfield, M. D.  
(Print or Type Name)  
(Address) 44 Loring Road, Winthrop, Mass. 3-21-66

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

DATE OF BURIAL March 22 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass.

Received and filed MAR 21 1966

John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Harvey E Sleeper  
(Husband's name in full)

12 AGE 91 Years 3 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 Own home

15 Social Security No.

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

17 NAME OF FATHER Henry Bloomfield

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

19 MAIDEN NAME OF MOTHER Maria Jamieson

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

21 Informant Lydia Bloomfield

(Address) 264 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:

Richard Sniffen (Signature of Agent of Board of Health or other)

Director of Public Health (Official Designation) March 21-66  
(Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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#### RULES OF PRACTICE

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

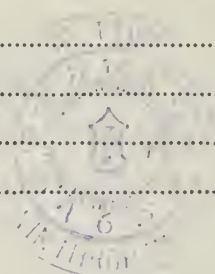
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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

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

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

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



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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS



WINTHROP

(City or Town making this return)

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

## STANDARD CERTIFICATE OF DEATH

Registered No.

64

No. WINTHROP COMMUNITY HOSPITAL

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

PHYSICIAN — IMPORTANT

2 FULL NAME PAUL KANALL

(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) Permanent Residence. No. 30 ORLANDO AVE

St. WINTHROP

(City or town and State)

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

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 22 1966

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11/8 1961 to MAR 22 1966

I last saw him alive on MAR 22 1966, death is said to have occurred on the date stated above, at 1:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCTION 1 DAY

Due To (b) ARTERIOSCLEROTIC HEART DISEASE

Due To (c) GENERAL ARTERIOSCLEROSIS 5 YRS

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS (MILD) 6 YRS

Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL & ECG

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

If so, specify

(Signature) Myron H. King M. D.  
(Print or Type Name)

(Address) 120 PLEASANT ST WINTHROP, MASS. 01890

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

DATE OF BURIAL MARCH 25 1966

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP, MASS.

Received and filed MAR 24 1966

John A. Clark (Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

14 Industry or Business GENERAL

15 Social Security No. 012-24-0983

16 BIRTHPLACE (City) GREECE (State or country)

17 NAME OF FATHER THEODORE KANALL

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

19 MAIDEN NAME OF MOTHER

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

21 Informant MRS. MARION EIDERT

(Address) 30 ORLANDO AVE WINTHROP

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

Richard Griffin (Signature of Agent of Board of Health or other)

Director of Public Health March 24 1966 (Official Designation) (Date of Issue of Permit)

C.B. V.B.

A TRUE COPY ATTEST:



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

MAR 24 1955 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 Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

65

Registered No. ....

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP COMMUNITY HOSPITAL

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

PHYSICIAN — IMPORTANT

2 FULL NAME. MRS. CATHERINE AIKEN (JENKINS)  
(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) Permanent Residence. No. 475 SUMNER ST.

St. EAST BOSTON, MASS.

(City or town and State)

Length of stay: In place of death.....years.....months.....3 days. In place of residence.....years.....months.....28 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 24 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
3/21 1966 to 3/24 1966  
I last saw him alive on 3/24 1966, death is said to  
have occurred on the date stated above, at 6:54 a.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

15 MIN

(b) ARTERIOSCLEROTIC HEART DISEASE

3 YRS

(c) CHRONIC ARTERIOSCLEROSIS

2 YRS

5 DAYS

OTHER SIGNIFICANT CONDITIONS: PARALYSED RECTUM &amp; BLEEDING

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

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

(Address) WINTHROP, MASS. Date 3/24/66

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

DATE OF BURIAL March 26, 1966

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed MAR 25 1966

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of George E. Aiken

(Give maiden name of wife in full)

(or) WIFE of George E. Aiken

(Husband's name in full)

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

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

14 Industry or Business: at home

15 Social Security No. none

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

17 NAME OF FATHER James Jenkins

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

19 MAIDEN NAME OF MOTHER Catherine Garrigan

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

21 Informant Edna Leracy  
(Address) 475 Sumner St.

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

Richard Griffin P.  
(Signature of Agent of Board of Health or other)  
Director of Public Health March 25, 1966  
(Official Designation) (Date of Issue of Permit)

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

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

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

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

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

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

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



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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 66

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

86 Lincoln Street

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

PHYSICIAN — IMPORTANT

2 FULL NAME

V.B. Orsola Orsolina Paolini

(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) Permanent Residence. No.

86 Lincoln Street

St.

Winthrop

(City or town and State)

21

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

March

26,

1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased, from

Sept 1963, to MARCH 25, 1966

I last saw her alive on MARCH 25, 1966, death is said to

have occurred on the date stated above, at 12:40 noon.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
min

Due To

(b) ARTERIO SCLEROTIC HEART DISEASE.

Due To

(c) 3 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? YES

If so, specify

(Signature) Marion Corleto Sabia, M.D.

(Print or Type Name) Marion Corleto Sabia, M.D.

(Address) 241 Maverick St., Boston 3/28 66

(Date) 19

6

Place of Burial or Cremation

Holy Cross Cemetery

Malden

(City or Town)

DATE OF BURIAL

March 29

66

7 NAME OF

FUNERAL DIRECTOR

Anthony P. Rapino

ADDRESS

9 Chelsea St., East Boston, Mass.

Received and filed

19

A TRUE COPY ATTEST:

John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR

white

10 SINGLE (write the word)

MARRIED  
WIDOWED widowed  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(or) WIFE of

(Give maiden name of wife in full)  
Donato Paolini  
(Husband's name in full)

12

AGE 84

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

If under 24 hours

Hours.....Minutes

13 Usual

Occupation

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

at home

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF

FATHER

Frank Recchia

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Serafina (unknown)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21 Informant

Pasquale Paolini (son)

(Address)

86 Lincoln 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:

Richard Griffin

(Signature of Agent of Board of Health or other)

Director of Public Health

(Official Designation)

March 28, 1966

(Date of Issue of Permit)

O.B. V. 1/1

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

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RULES OF PRACTICE

MAR 28 1956 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 Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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

## 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. 67

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

2 FULL NAME. Mary E. Kelly (Norwood)  
(If deceased 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. 140 Dunn Rd. St. Revere  
(Usual place of abode) (If nonresident, give city or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 30, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from Oct 14, 1964, to March 20, 1966.  
I last saw her alive on March 30, 1966, death is said to have occurred on the date stated above, at 4:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Thrombosis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
1 yr.

Due To (b) Generalized Arteriosclerosis 10 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 5 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) Morris I. Sacks, M. D.

(PRINT OR TYPE SIGNATURE)  
(Address) 45 Shirley Ave, Revere Date 3-20-19666 Glenwood Cemetery Everett  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL April 2, 1966 19.7 NAME OF FUNERAL DIRECTOR Leslie W. Pike  
ADDRESS 305 Beach St Revere

Received and filed APR 1 1966 19.

## 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 Patrick J. Kelly (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 9 Months 7 Days If under 24 hours Hours.....Minutes

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

14 Industry or Business: None

15 Social Security No. 612- 20 - 3319

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

17 NAME OF FATHER Henry W. Norwood

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

19 MAIDEN NAME OF MOTHER Ella Parkinson

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

21 Informant Helen Odams (Address) 140 Dunn Rd. Revere

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

Richard L. Griffin (M.D.)  
(Signature of Agent of Board of Health or other)  
Director of Public Health (Date of Issue of Permit) 4/1/66

PLACE OF DEATH

Revere  
4-7-66Mark  
1966

1-301A

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5-5925686



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

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

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Revere

(City or Town making this return)

Suffolk

(County)

Revere

(City or Town)

Grover Manor Hospital

No.

## COPY OF CERTIFICATE OF DEATH

Registered No.

68

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

2 FULL NAME

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

Robert James Warren

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

12 Girdlestone Road

Winthrop

(a) Permanent Residence. No.

(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 10, 1966

(Month)

(Day)

(Year)

BY CERTIFY That I attended deceased from Feb. 11 to March 10, 1966

I last saw him alive on March 10, 1966

death is said to have occurred on the date stated above, at 6:55 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
Uremia

(a) Carcinoma of bowel

(b) Carcinomatosis of abdomen and liver

(c) Carcinomatosis of abdomen and liver

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Pathology

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

If so, specify

(Signature) James F. Burns

(Address) 405 Washington Ave. 3/10 66

(City or Town) Revere

Winthrop Cemetery Winthrop

6 Place of Burial or Cremation

DATE OF BURIAL March 12, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed March 12, 1966

(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  
DIVORCED  
UNKNOWN

11 If married, widowed or divorced

HUSBAND of Violet May Lawrence

(Give maiden name of wife in full)

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

12 AGE

77

Years

3

Months

26

Days

If under 24 hours

Hours.....Minutes

13 Usual Occupation

Retired carpenter

(Kind of work done during most of working life)

14 Industry or Business

Self employed

15 Social Security No.

018-09-50

16 BIRTHPLACE (City)

(State or country)

Newfoundland

17 NAME OF FATHER

William Warren

18 BIRTHPLACE OF FATHER (City)

(State or country)

Newfoundland

19 MAIDEN NAME OF MOTHER

Leah King

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Newfoundland

21 Informant

Mrs. Robert J. Warren

(Address)

12 Girdlestone Rd., Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

March 11, 1966

66

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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APR 28 1966



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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

263 Bowdoin Street

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

PHYSICIAN — IMPORTANT

69

Registered No.

2 FULL NAME

Carmelo Chiaramonte

(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) Permanent Residence. No.

263 Bowdoin Street

St.

Winthrop

(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 April 1, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
2-1-1964 to 4-1-1966

I last saw him alive on 3-31-66, 1966, death is said to  
have occurred on the date stated above, at 8:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMATOSIS

(b) PRIMARY IN LUNGS

(c) D

OTHER  
SIGNIFICANT  
CONDITIONS

DERMATOMYOSITIS 2XRS

Was autopsy performed?

What test confirmed diagnosis?

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

(Signature) A. N. Caplan M. D.

A. N. CAPLAN MD

(Print or Type Name)

(Address) SPRINGFIELD, Mass. Date 4-2-1966

BOSTON

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

DATE OF BURIAL April 4, 1966

7 NAME OF FUNERAL DIRECTOR Vincent R. Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed APR 4 1966

John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

14 Industry or Business self-employed

15 Social Security No. 014-10-9667

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

17 NAME OF FATHER Santo Chiaramonte

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

19 MAIDEN NAME OF MOTHER Calogera Lazzara

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

21 Informant Mary Chiaramonte (wife)  
263 Bowdoin St., Winthrop, Mass.  
(Address)

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

Richard Griffin

(Signature of Agent of Board of Health or other)

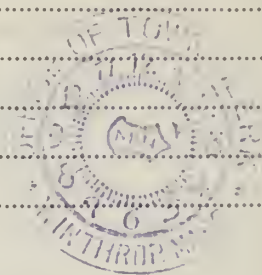
Director of Public Health 4/2/66

(Date of Issue of Permit)

A TRUE COPY ATTEST:

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

RECEIVED



#### RULES OF PRACTICE

APR - 4 1966 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.

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

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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

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

STANDARD  
CERTIFICATE OF DEATH

Registered No. 70

PHYSICIAN — IMPORTANT

2 FULL NAME Nora E. Shannon  
(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. 11 Russell Terrace  
(Usual place of abode)

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

Length of stay: In place of death 1 years 3 months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 1, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from FEB 3, 1966 to APRIL 1, 1966  
I last saw him live on MARCH 31, 1966 death is said to have occurred on the date stated above, at 12:35 AM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCTION 1 DAY

Due To (b) ARTERIO SCLEROTIC HEART 2 YRS

Due To (c) WITH CONGESTIVE FAILURE 1 DAY

OTHER SIGNIFICANT CONDITIONS PERIPHERAL VASCULAR DISEASE 1 YR.

INTERVAL BETWEEN ONSET AND DEATH

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

(Signature) Myron N. King, M. D.  
MYRON N. KING M.D.  
(Print or Type Name)

(Address) 222 Pleasant St. WINTHROP MASS  
Date APRIL 1, 1966

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

DATE OF BURIAL April 4, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed April 4, 1966

John A. Glavin

PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Lawrence P. Shannon (Husband's name in full)

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

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

14 Industry or Business: Insurance

15 Social Security No. 032-05-8840

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

17 NAME OF FATHER Cornelius McCarthy

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

19 MAIDEN NAME OF MOTHER Mary A. Donahue

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

21 Informant Mary Burns (Address)

709 Babetta Ave., Park Ridge Ill.

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

Richard Sullivan

(Signature of Agent of Board of Health or other) Director of Public Health April 4, 1966  
(Official Designation) (Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

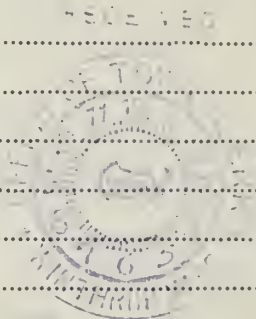
DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....



#### RULES OF PRACTICE

APR - 4 1966 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.

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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.

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No.

71

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

Mary (Simmons)

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

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

(a) Permanent Residence. No. 36 Bellevue Ave. St. Winthrop, Mass.

(City or town and State)

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

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 3 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Jan 10 1959 to April 3 1966

I last saw her alive on March 22 1966, death is said to  
have occurred on the date stated above, at 3:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Chronic Myocarditis

Due To (b) Arteriosclerosis

Due To (c) Senility

OTHER SIGNIFICANT CONDITIONS Chronic Colitis 7 yrs

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
2 mo.

Was autopsy performed? No  
What test confirmed diagnosis? Usual

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

(Signature) Kenneth W. Steere, M. D.

(Print or Type Name)

(Address) 687 Bay St. Boston, Mass. Date 4/6 1966

6 Oakwood Cemetery, Troy, N.Y.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 6, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed April 7 1966

John A. Clark  
(Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
widowed

11 If married, widowed, or divorced  
HUSBAND of Fred Ball Sweet  
(Give maiden name of wife in full)  
(or) WIFE of Fred Ball Sweet  
(Husband's name in full)

12 AGE 87 Years 4 Months 26 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. 024-05-4729-A

16 BIRTHPLACE (City) Yonkers, N.Y.  
(State or country)

17 NAME OF FATHER George W. Simmons

18 BIRTHPLACE OF FATHER (City) Poestenkill  
(State or country) New York

19 MAIDEN NAME OF MOTHER Josie Cobb

20 BIRTHPLACE OF MOTHER (City) Greenwich  
(State or country) Connecticut

21 Informant Ralph E. Binney

(Address) 19 Phyllis Rd. Foxborough

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

Richard Griffin  
(Signature of Agent of Board of Health or other)  
Director of Public Health April 6, 1966  
(Official Designation) (Date of Issue of Permit)

R-301

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Medical Examiner David Friedman - contacted by Dr. Schreffa

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

APR - 7 1936 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.



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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

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. 176

PHYSICIAN — IMPORTANT

2 FULL NAME CLIFFORD BIDMEAD  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
V.B. 1069 Shirley St. (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Permanent Residence. No. 132 GRANDVIEW AVE. St. WINTHROP, MASS.  
(City or town and State)

Length of stay: In place of death years 4 months days. In place of residence years 30 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 7 1966  
(Month) (Day) (Year)  
4 I HEREBY CERTIFY, That I attended deceased from June 10, 1965, to April 7, 1966.  
I last saw him alive on April 6, 1966, death is said to have occurred on the date stated above, at 1:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis

(b) Due To carcinoma X-rayed Colon

(c) Due To

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis? X-Rays, operations

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

(Signature) H. B. Reynolds, M. D.

(Address) 441 Shirley St. Date 4-7-66  
Winthrop Winthrop  
(City or Town)

6 Place of Burial or Cremation Winthrop  
DATE OF BURIAL April 9 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed April 7, 1966

A TRUE COPY ATTEST:

John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced HUSBAND of Eleanor Fitzgerald (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

12 AGE 65 Years 7 Months 20 Days If under 24 hours Hours Minutes

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

14 Industry or Business Navy Yard

15 Social Security No. 028-03-2829

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

17 NAME OF FATHER Ernest Bidmead

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

19 MAIDEN NAME OF MOTHER Ella Greer

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

21 Informant Sylvia Hurley

(Address) 132 Grand 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:

Richard Griffin (Signature of Agent of Health or other)  
Director of Public Health April 7-66 (Official Designation) (Date of Issue of Permit) 0.13

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:

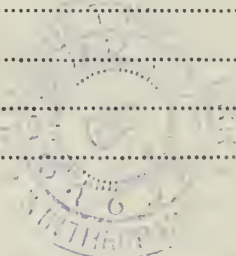
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(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-301

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP, MASS.

(City or Town making this return)

SUFFOLK  
(County)WINTHROP, MASS  
(City or Town)STANDARD  
CERTIFICATE OF DEATH

Registered No.

73

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. MUSTO, 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) Permanent Residence. No. 25 Gore St., Cambridge, Mass.

(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 8, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 8, 1966 to April 8, 1966

I last saw him alive on April 8, 1966 death is said to have occurred on the date stated above, at 12:25 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PREMATURITY

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

6 hours

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

(Signature) William Egidio, M. D.

W. Egidio  
(Print or Type Name)

(Address) 190 Pleasant St. Wintthrop 4/8/66

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

DATE OF BURIAL April 11, 1966

7 NAME OF FUNERAL DIRECTOR Joseph A. Egidio  
448 Cambridge St. Cambridge  
ADDRESS

Received and filed John A. Clark 1966

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

|               |                  |                                                                                   |
|---------------|------------------|-----------------------------------------------------------------------------------|
| 8 SEX<br>male | 9 COLOR<br>white | 10 SINGLE (write the word)<br>MARRIED<br>WIDOWED<br>DIVORCED<br>UNKNOWN<br>single |
|---------------|------------------|-----------------------------------------------------------------------------------|

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 AGE. Years Months Days 6 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) Wintthrop  
(State or country) Mass.

17 NAME OF FATHER Domenic Musto Jr.

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

19 MAIDEN NAME OF MOTHER Dina Nonni

20 BIRTHPLACE OF MOTHER (City) Cambridge  
(State or country) Mass.21 Informant Domenic Musto Jr.  
25 Gore St., Cambridge  
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (S)

(Signature of Agent of Board of Health or other)

Director of Public Health

(Date of Issue of Permit) April 11, 1966



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

#### RULES OF PRACTICE

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

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

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

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

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

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

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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



## STANDARD CERTIFICATE OF DEATH

Registered No. 74

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

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

66 Winthrop Shore Drive

(a) Permanent Residence. No. St. (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 9 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
12/26, 1963, to April 9, 1966  
I last saw her alive on April 9, 1966, death is said to  
have occurred on the date stated above, at 2 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarction 2hrs

Due To Arteriosclerotic and  
(b) hypertensive heart disease 3yrs

Due To Generalized arterioscler-  
(c) osis 5yrs

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? clinical & lab

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

(Signature) M. Traunstein, Jr., M.D.

(Address) 73 Bartlett Rd. 4-9 1966  
Winthrop, Mass.

6 Monroce Monroce Maine  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 13 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass.

Received and filed 19

John A. Clark  
(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Albarus Maddocks  
(Husband's name in full)

12 AGE 33 Years 10 Months 19 Days If under 24 hours  
Hours Minutes

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

14 Industry or Business At home

15 Social Security No. 024-09-3384

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

17 NAME OF FATHER Atwood F Brown

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

19 MAIDEN NAME OF MOTHER Laura Goodwin

20 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country)

21 Informant Howard S Reynolds

(Address) 180 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:  
Richard Sniffin (S)  
(Signature of Agent of Board of Health or other)  
Director of Public Health April 11-66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

SPACE FOR ADDITIONAL INFORMATION .....

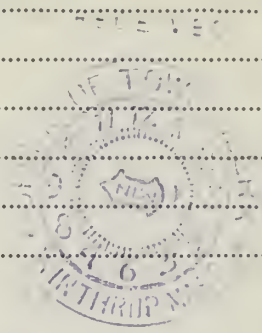
DATE OF ENTERING MILITARY SERVICE .....

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



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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 75

No. Bay View Nursing Home

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

PHYSICIAN — IMPORTANT

2 FULL NAME Max Goldstein  
(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. 47 Cutler St.  
(Usual place of abode)St. Winthrop  
(City or town and State)

Length of stay: In place of death, years 5 months days. In place of residence 25 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 10, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Jan. 64 to April 10, 1966.  
I last saw him alive on April 9, 1966 death is said to have occurred on the date stated above, at 5:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive and Arterio

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 yrs

(b) Due To Sclerotic Heart Disease

(c) Due To

OTHER SIGNIFICANT CONDITIONS Nephritis

2 yrs.

Was autopsy performed? No  
What test confirmed diagnosis Clinical5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signature) Charles Liberman, M. D.  
CHARLES LIBERMAN

(Address) WINTHROP, MASS. Date 4/10/66

6 Tifereth Israel West Roxbury  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 10, 1966

7 NAME OF FUNERAL DIRECTOR Morris W. Brezniak

ADDRESS 470 Harvard St., Brookline

Received and filed April 11, 1966

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 82 Years Months Days 13 Usual Occupation Manager Retired 29  
(Kind of work done during most of working life)

14 Industry or Business Clothing

15 Social Security No.

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

17 NAME OF FATHER Charles Goldstein

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

19 MAIDEN NAME OF MOTHER Celia Levy

20 BIRTHPLACE OF MOTHER (City) New York  
(State or country)

21 Informant Mrs. Celia Goldstein

(Address) 47 Cutler St., Winthrop

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

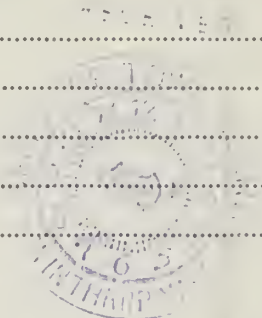
Richard Griffin (Signature of Agent of Board of Health or other)

Director of Public Health April 10, 1966

(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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

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

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

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

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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.

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 76

Suffolk

(County)

Winthrop

(City or Town)

187 Shore Drive

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

PHYSICIAN — IMPORTANT

2 FULL NAME Thomas Riordan  
(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) Permanent Residence. No. 187<sup>76</sup> Shore Drive St. Winthrop  
(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 10, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 56, to April 10, 1966

I last saw him alive on April 10, 1966 death is said to have occurred on the date stated above, at 7:15 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(a) Acute Coronary Occlusion 2 hrs.

(b) Hypertensive - Arterio 1 yr.

(c) Sclerotic Heart Disease

OTHER SIGNIFICANT CONDITIONS Left Hemiplegia 10 yrs

Was autopsy performed? No  
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signature) Charles Liberman M. D.  
CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS. date 4/12/1966

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

DATE OF BURIAL April 13 1966

7 NAME OF FUNERAL DIRECTOR Anthony P. Rapino  
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed APR 12 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 60 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) New Hampshire  
(State or country)

17 NAME OF FATHER William Riordan

18 BIRTHPLACE OF FATHER (City) New Hampshire  
(State or country)

19 MAIDEN NAME OF MOTHER Winifred Honan

20 BIRTHPLACE OF MOTHER (City) New Hampshire  
(State or country)21 Informant Louise Riordan (wife)  
187 Shore Drive, Winthrop, Mass.  
(Address)

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

Richard Griffin B.  
(Signature of Agent of Board of Health or other)Director of Public Health Apr 12, 1966  
(Official Designation) (Date of Issue of Permit) 0.13. J.B.



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.

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 77

PLACE OF DEATH

Suffolk  
(County)Winthrop Mass  
(City or Town)

No. Bay View Nursing Home

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

PHYSICIAN — IMPORTANT

2 FULL NAME Ethel G. McEwan (Hartling)  
(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. 71 Fremont St.  
(Usual place of abode)st. Winthrop Mass  
(City or town and State)

Length of stay: In place of death. 6 years. 6 months. days. In place of residence. 55 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 11, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10/11/1965 to April 11, 1966

I last saw he alive on April 11, 1966, death is said to have occurred on the date stated above, at 11:00 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

(a) Cerebro arteriosclerosis 1 yr

(b) Generalized Arteriosclerosis 2 yrs

(c)

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus, 1 yr. Hypertensive Art. scl. Ht. Disease 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(Signature) Charles Liberman, M. D.  
CHARLES LIBERMAN(Address) WINTHROP, MASS Date 4/11/1966  
(Print or Type Name)6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 14, 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds  
Winthrop Mass

ADDRESS

Received and filed APR 13 1966 19

John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of George McEwan (Give maiden name of wife in full)

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

12 AGE 76 Years 4 Months 28 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) Halifax  
(State or country) Nova Scotia

17 NAME OF FATHER Joseph Hartling

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

19 MAIDEN NAME OF MOTHER Sarah M Josie

20 BIRTHPLACE OF MOTHER (City) Halifax  
(State or country) Nova Scotia21 Informant David B. McEwan  
Boxford Mass  
(Address)

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

Richard Griffin (Signature of Agent of Board of Health or other)

Director of Public Health April 13, 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE..... 2/27/18

DATE OF DISCHARGE..... 7/13/19

RANK, RATING ..... Army Nurse

ORGANIZATION AND OUTFIT..... Army

SERVICE NUMBER..... None

.....

#### RULES OF PRACTICE

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

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

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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-301

SUFFOLK

(County)

WINTHROP, MASS.

(City or Town)

No. WINTHROP COMMUNITY HOSPITAL

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

78

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

PHYSICIAN — IMPORTANT

2 FULL NAME BURKE, 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) Permanent Residence. No.

2 Teragram St

St.

East Boston, Mass.

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 14, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
April 14, 1966 to April 14, 1966  
I last saw him live on April 14, 1966 death is said to  
have occurred on the date stated above, at 4:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congenital anomalies

(b) Due To no urinary tract or bladder

(c) Due To one lower leg - no anus ANUS

INTERVAL  
BETWEEN  
ONSET AND  
DEATH1 hr  
18 minOTHER  
SIGNIFICANT  
CONDITIONS Prematurity

Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify no(Signature) A. Paul Derhagopian, M. D.  
A. Paul DERHAGOPIAN  
(Print or Type Name)

(Address) 39 CARY AVE. CHELSEA Date April 14, 1966

6 Place of Burial or Cremation West Roxbury  
(City or Town)

DATE OF BURIAL April 15, 1966

7 NAME OF FUNERAL DIRECTOR Stephen D. Higgins

ADDRESS 2 Teragram Ave. Dorchester

Received and filed April 14 1966

John A. Griffin  
(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR white

10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE.....Years.....Months.....Days If under 24 hours

13 Usual Occupation..... Hours 18 Minutes

(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 Burke

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

19 MAIDEN NAME OF MOTHER Francis Ippolito

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

21 Informant Mr. John Burke

(Address) 2 Teragram 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:

Richard Griffin (M.D.)

(Signature of Agent of Board of Health or other)

Director of Public Health 4/14/66  
(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.

PLACE OF DEATH

SUFFOLK

(County)  
WINTHROP

(City or Town)

The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S  
CERTIFICATE OF DEATHWinthrop  
(City or Town making this return)

Registered No. 79

No. 444 Winthrop St., Winthrop

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME  
FREDERICK DUNCAN GOODALL  
(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, NO.  
(if so specify WAR))

(a) Permanent Residence. No. 444 Winthrop St., Winthrop

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 14, 1966  
(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.  
Probable coronary occlusion.

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? 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 Name)

(Address) Boston Date 4/14 1966

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

DATE OF BURIAL April 18, 1966

8 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed April 18, 1966 John A. Clark

A TRUE COPY ATTEST:

(Registered)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX male 10 COLOR white 11 SINGLE (write the word)  
MARRIED married  
WIDOWED  
DIVORCED  
UNKNOWN12 If married, widowed, or divorced  
HUSBAND of Angeline McDougall  
(Give maiden name of wife in full)

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

13 AGE 84 Years 1 Months 20 Days If under 24 hours  
Hours Minutes14 Usual Occupation Retired Engineer  
(Kind of work done during most of working life)

15 Industry or Business Ironing Cage R.R.

16 Social Security No. 023-10-6830

17 BIRTHPLACE (City)  
(State or country) England

18 NAME OF FATHER Henry Goodall

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

20 MAIDEN NAME OF MOTHER Martha Annie Hunt

21 BIRTHPLACE OF MOTHER (City)  
(State or country) England22 Informant Mrs. Frederick Goodall  
(Address) 444 Winthrop St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Mass. Richard Griffin  
(Signature of Agent of Board of Health or other)Director of Public Health  
(Official Designation)April 18, 1966  
(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.)"

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

30

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 Cole, Etta Merriam

(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) Permanent Residence. No. 1 Alfred Rd.

St. North Saugus, Mass.

(City or town and State)

Length of stay: In place of death.....years.....months.12days. In place of residence.50years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 4 16 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from  
Sept. 1956 to April 16, 1966I last saw her alive on April 16, 1966, death is said to  
have occurred on the date stated above, at 10:35 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Coronary Occlusion

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

30 min

(b) Arteriosclerotic Heart Disease 8 yrs.

(c) Due To

OTHER SIGNIFICANT CONDITIONS Carcinoma of Colon 3 mos,  
Polycystic Disease Liver 3 yrs.

Was autopsy performed? No

What test confirmed diagnosis? Clinical and Pathological

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

(Signature) Charles Liberman, M.D.

(Print or Type Name)

(Address) WINTHROP, MASS. Date 4/16/1966

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

DATE OF BURIAL April 20, 1966

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike

ADDRESS 305 Beach St Revere

Received and filed APR 20 1966

John A. Clark

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Albert E. Cole

(Husband's name in full)

12 AGE 73 Years 8 Months 3 Days If under 24 hours  
Hours Minutes13 Usual Occupation At Home  
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. 013-07-1679 D

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

17 NAME OF FATHER Harry L. Merriam

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

19 MAIDEN NAME OF MOTHER Emma Dobson

20 BIRTHPLACE OF MOTHER (City) Unable to Learn  
(State or country)

21 Informant Harriet Perry

(Address) 1A Alfred Rd. Saugus

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

Richard Griffin (e)

(Signature of Agent of Board of Health or other)

Director of Public Health April 20, 1966

(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.



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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 81

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 335 Winthrop Street

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

PHYSICIAN — IMPORTANT

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

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

335 Winthrop Street

(a) Permanent Residence. No. St.  
(Usual place of abode) (City or town and State)

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

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 17, 1966  
(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 6:15 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due  
(b) to natural causes.

Due To WINTHROP BOARD of HEALTH  
(c)

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

(Signature) Charles Liberman M.D.  
CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS Date 4/17/66

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

DATE OF BURIAL April 20 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass

Received and filed APR 20 1966

John A. Clark Registrar

### PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 80 Years 6 Months 18 Days If under 24 hours  
Hours Minutes

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

14 Industry or Business Signal Co.

15 Social Security No. 011-16-3206

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

17 NAME OF FATHER Edgar Durgin

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

19 MAIDEN NAME OF MOTHER Caroline Worst

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

21 Informant Helen Durgin  
(Address) 335 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:

Richard Guffey (B)  
(Signature of Agent of Board of Health or other)  
Director of Public Health 4/20/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK  
(County)

WINTHROP  
(City or Town)

## STANDARD CERTIFICATE OF DEATH

Registered No.

82

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

PHYSICIAN — IMPORTANT

2 FULL NAME POWELL, HELEN (MURRAY) (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Permanent Residence. No. 72 COTTAGE PARK ROAD St. WINTHROP (City or town and State)

Length of stay: In place of death, 2 years, 2 months, days. In place of residence 35 years, months, days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 17 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2-10-42 to 4-17-66

I last saw him alive on 4-17-66 death is said to have occurred on the date stated above, at 6:10 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) carcinomatosis

(b) carcinoma of breast

(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis? Biopsy

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

If so, specify NO

(Signature) H. B. Greenfield, M. D.

(Print or Type Name)

(Address) 447 Shilby St. Wintthrop Date 4-17-66

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

DATE OF BURIAL APRIL 21 1966

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP, MASS.

Received and filed APR 18 1966

John A. Clark Registrar

### PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced HUSBAND of

(or) WIFE of JOHN P. POWELL (Give resident name of wife in full) (Husband's name in full)

12 AGE 59 Years 4 Months 5 Days If under 24 hours Hours Minutes

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

14 Industry or Business SCHOOL DEPT.

15 Social Security No.

16 BIRTHPLACE (City) EAST BOSTON, MASS. (State or country)

17 NAME OF FATHER JOHN J. MURRAY

18 BIRTHPLACE OF FATHER (City) LIVERPOOL (State or country) ENGLAND

19 MAIDEN NAME OF MOTHER HANNAH QUINN

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

21 Informant JOHN P. POWELL

(Address) 72 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:

Richard Griffin (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) April 18, 1966

A TRUE COPY ATTEST:



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

APR 13 1966 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.

KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
 CERTIFICATE OF DEATH

Registered No. 83

PLACE OF DEATH

1

Suffolk County

Winthrop

(City or Town)

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

PHYSICIAN — IMPORTANT

2 FULL NAME. NANCY SOLOMON (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. 136 SEAVER ST ROXBURY (Usual place of abode)

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 22 1966 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 1965 to April 22, 1966. I last saw her alive on April 21, 1966, death is said to have occurred on the date stated above, at 7:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive and Arterio Sclerotic Heart Disease 191

(b) Due To

OTHER SIGNIFICANT CONDITIONS

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(Signature) Charles Liberman M. D.  
 CHARLES LIBERMAN  
 (Print or Type Name)  
 (Address) WINTHROP, MASS. Date 4/22/19666 LORD ROTASCHILLO CEM. W. ROXBURY  
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL APRIL 22 1966

7 NAME OF FUNERAL DIRECTOR Benjamin Solomon SOLOMON FUNERAL HOME

ADDRESS 420 HARVARD ST BROOKLINE

Received and filed APR 22 1966

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN WIDOWED

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12 AGE 87 Years Months Days If under 24 hours Hours Minutes

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

14 Industry or Business AT HOME

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

17 NAME OF FATHER SOLOMON COHEN

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

19 MAIDEN NAME OF MOTHER GOLDIE CAN NOT BE LEARNED

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

21 Informant HENRY SOLOMON  
 (Address) 9 SUMMIT HUR BROOKLINE

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

Richard Griffin (M.D.)  
 (Signature of Agent of Board of Health or other)  
 Director of Public Health 4/23/66  
 (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

APR 22 1966 AM

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

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

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

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

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

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



R-301

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWintthrop  
(City or Town making this return)STANDARD  
CERTIFICATE OF DEATH

Registered No. 84

PLACE OF DEATH

Suffolk  
(County)Wintthrop  
(City or Town)

No. 28 Neptune Ave.

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

PHYSICIAN — IMPORTANT

235 HANCOCK ST.

2 FULL NAME Rachana Whitmore (Eaton)  
(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) Permanent Residence. No. 28 Neptune Ave. St. (City or town and State)

Length of stay: In place of death 6 years 6 months days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 22 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
APRIL 18, 1964, to APRIL 22, 1966I last saw her alive on APRIL 18, 1966, death is said to  
have occurred on the date stated above, at 8:52 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL  
INFARCTION

(b) ANTERIOR-SCLECTIC +

(c) HYPERTENSIVE HEART DYS 2 YRS.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1/2 day

OTHER  
SIGNIFICANT  
CONDITIONS None - arthritis

2 YRS.

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

(Signature) Myron N. King M. D.

(Print or Type Name) MYRON N. KING

(Address) MYRON N. KING Date 4/23 1966

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

DATE OF BURIAL April 25 1966 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Wintthrop St. Wintthrop

Received and filed April 25 1966 19

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word)  
MARRIED \* \* \* \* \*  
WIDOWED widowed  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Walter Whitmore  
(Husband's name in full)12 AGE 37 Years 22 Months 22 Days If under 24 hours  
Hours Minutes

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

14 Industry or Business: own home

15 Social Security No. 023-22-2187

16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER James Lorse Eaton

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

19 MAIDEN NAME OF MOTHER Rachana Boss

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

21 Informant 125 Washington Avenue  
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (Signature of Agent of Board of Health or other)

Director of Public Health April 25 1966  
(Official Designation) (Date of Issue of Permit)

MEDICAL EXAMINER CALLED &amp; RECEIVED

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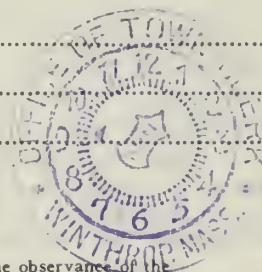
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0397

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

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

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

# The Commonwealth of Massachusetts



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

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

## STANDARD CERTIFICATE OF DEATH

Registered No. **85**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

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

2 FULL NAME Anna B. Walsh  
(If deceased 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. 205 Cliff Ave. St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 4 years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence 9 years \_\_\_\_\_ months \_\_\_\_\_ days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 23 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
APRIL 22, 1966 to APRIL 23, 1966  
I last saw her alive on APRIL 22, 1966, death is said to  
have occurred on the date stated above, at 4:5A m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
1 DAY

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC FAILURE

Due To  
(b) ARTERIOSCLEROTIC  
HEART DISEASE

Due To  
(c) \_\_\_\_\_

OTHER  
SIGNIFICANT  
CONDITIONS

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) A. N. Caplan, M. D.

(Address) 18 LANIET UNIT F. BOSTON Date 4-23-1966

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

DATE OF BURIAL April 26 19 66

7 NAME OF FUNERAL DIRECTOR O'Maley Funeral Home  
ADDRESS Winthrop, Mass

Received and filed APR 26 1966 19  
John A. Clark (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 96 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: \_\_\_\_\_

15 Social Security No. \_\_\_\_\_

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

17 NAME OF FATHER Martin Walsh

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

19 MAIDEN NAME OF MOTHER Mary Hughes

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

21 Informant Rosamond Nolan  
(Address) 205 Cliff Ave., Winthrop

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

Richard Guffey (R)  
(Signature of Agent of Board of Health or other)  
Director of Public Health April 25, 1966  
(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 pneumonia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury by infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

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

APPROPRIATE

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Revere

(City or Town making this return)

Suffolk  
(County)Revere  
(City or Town)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 86

No. Revere Memorial Hospital

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

2 FULL NAME John N. Mayo

(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.  
(Usual place of abode)

170 Cliff Avenue

Winthrop

St. (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 25, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
Sept. 64 April 25, 66  
1964, 1966I last saw him live on April 25, 66, death is said to  
have occurred on the date stated above, at 1:45 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Vascular Hemorrhage Sudden

(b) Due To

(c)

Due To Cerebral Arteriosclerosis 5 yrs

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(Signature) Harry H. Schwartz, M. D.  
67 Centennial Ave.,  
Revere Apr 25 66  
(Address) Date6 St. Paul Arlington  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 27, 66

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella

ADDRESS Revere, Mass.

Received and filed MAY 1, 1966

(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  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Mary C. McChristal  
(Give maiden name of wife in full)

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

AGE 88 years 11 Months 10 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Retired  
(Kind of work done during most of working life)14 Industry  
or Business:15 Social Security No. 16 BIRTHPLACE (City)  
(State or country) Malden Mass.

17 NAME OF FATHER John Mayo

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

19 MAIDEN NAME OF MOTHER Catherine (Cannot be)

20 BIRTHPLACE OF MOTHER (City)  
(State or country) Ireland21 Informant James Mayo  
(Address) 133 Bellingham Ave., Revere

A TRUE COPY

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

DATE FILED April 27, 66

THIS IS A PERMANENT RECORD  
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.)



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:

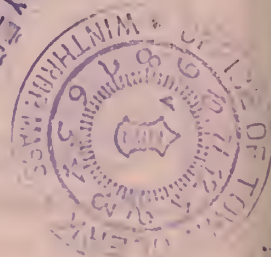
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Wintthrop  
(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 87

PLACE OF DEATH

Suffolk  
(County)

Wintthrop  
(City or Town)

No. 29 W. Main Street

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

PHYSICIAN — IMPORTANT

2 FULL NAME Isabelle Margaret Lincoln (Fenech)  
(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

(a) Permanent Residence. No. 229 Washington Avenue St. (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 April 26 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Jan 60 to April 26 1966  
I last saw her alive on April 26 1966 death is said to have occurred on the date stated above, at 4:00 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis to 3 mos

Due To Liver

(b) PRIMARY CANCER RT Breast 3 yrs

OTHER SIGNIFICANT CONDITIONS None

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? No

What test confirmed diagnosis? Clinical, Surgical, Pathologic

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

(Signature) Charles Liberman M. D.  
(Print or Type Name) CHARLES LIBERMAN

(Address) WINTHROP, MASS Date 4/28/1966

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

DATE OF BURIAL April 29 1966

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed Apr 29 1966

A TRUE COPY ATTEST:

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

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

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

12 AGE 63 Years 2 Months 2 Days If under 24 hours Hours Minutes

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

14 Industry or Business Retail Drug Store

15 Social Security No. 024-4-8882

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

17 NAME OF FATHER John Fenech

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

19 MAIDEN NAME OF MOTHER Cecelia Brandi

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

21 Informant Walter T. Williams

(Address) 20 Granite Rd. Wintthrop

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

(Signature of Agent of Board of Health or other) Richard Griffin (3)  
(Official Designation) Director of Public Health 4/29/66  
(Date of Issue of Permit) 0.10 V.P.

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 29 1966 AM

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

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)

PHYSICIAN - IMPORTANT

2 FULL NAME

MARY J. WARD

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

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

87 SHORE DRIVE

(a) Permanent Residence. No.

St. WINTHROP, MASS

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 27, 1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from May, 1962, to April 27, 1966

I last saw her alive on April 26, 1966 death is said to have occurred on the date stated above, at 7:35 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Mesenteric Thrombosis

Due To Abdominal Aneurysm

(b)

Due To Arteriosclerosis, generalized

(c)

OTHER SIGNIFICANT CONDITIONS Pancreatitis

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

(Signature) Joseph Gregorie, M.D.

(Print or Type Name)

(Address) 194 Washington Ave. 4/27/1966

Winthrop

Kennebunk Maine

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL April 29, 1966

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed APR 27 1966

John A. Clark Registrar

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

WH

10 SINGLE (write the word)

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

SINGLE

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE 22 Years 2 Months 9 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation School Teacher

(Kind of work done during most of working life)

14 Industry

or Business: Public School - retired

15 Social Security No.

None

16 BIRTHPLACE (City) Alexandria

(State or country)

Va.

17 NAME OF

FATHER Charles Ward

18 BIRTHPLACE OF

FATHER (City) Unable to obtain

(State or country)

19 MAIDEN NAME

OF MOTHER Elizabeth Lovejoy

20 BIRTHPLACE OF

MOTHER (City) Unable to obtain

(State or country)

21 Informant Richard V. Bibber

(Address) Kennebunkport, Maine

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

Richard Giffen (Signature)

(Signature of Agent of Board of Health or other)

Director of Public Health April 27 1966

(Official Designation)

(Date of Issue of Permit)



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

# RULES OF PRACTICE

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

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

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



APR 28 1966 AM

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

02593

Registered No.

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

En route to Massachusetts General Hospital

No.

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

PHYSICIAN — IMPORTANT

2 FULL NAME WILLIAM H HATCH  
(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, no  
if so specify WAR)

(a) Permanent Residence. No. 17 Cutler Street, St. Winthrop, Massachusetts  
(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 8, 1966  
(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? .....

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

(Specify type of place)

Manner of  
injury .....

Nature of  
injury .....

While at work? ..... Was 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 Name)

(Address) Boston Date 3/8 1966

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

DATE OF BURIAL March 11 1966

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

ADDRESS .....

Received and filed 14 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

12 If married, widowed, or divorced,  
HUSBAND of Elizabeth Richardson  
(Give maiden name of wife in full)

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

13 AGE 89 Years Months Days If under 24 hours  
Hours Minutes

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

15 Industry or Business: Painting & decorating

16 Social Security No. 029-03-6501

17 BIRTHPLACE (City) Hyde Park  
(State or country) Mass

18 NAME OF FATHER William Hatch

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

20 MAIDEN NAME OF MOTHER Cannot be learned

21 BIRTHPLACE OF MOTHER (City) Cannot be learned  
(State or country)

22 Informant Earl Hatch  
(Address) 17 Cutler 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:

Reginald E. Donald 02330  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

MAY 12 1966 AM





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OUT - OF - TOWN

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

City (in making this return)

90

PLACE OF DEATH

SUFFOLK

(County)

ROXBURY

(City or Town)

No.

JEWISH MEMORIAL HOSPITAL

STANDARD  
CERTIFICATE OF DEATH

Registered No.

03000

2 FULL NAME

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

ELIZABETH LANDON

PHYSICIAN - IMPORTANT

(a) Permanent Residence No.

29 TEWKSBURY

WINTHROP, MASS

(City or town and State)

Length of stay: In place of death 3 years, months, 11 days In place of residence, years, months, days

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 19 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I attended deceased from  
MAY 29, 1963, to MARCH 19, 1966

I last saw him alive on MARCH 19, 1966, death is said to  
have occurred on the date stated above, at 7:25 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

days

(b) Due To GENERALIZED ARTERIO

years

(c) Due To SCLEROSIS

OTHER SIGNIFICANT  
CONDITIONS RHEUMATOID ARTHRITIS  
BRONCHOPNEUMONIA

years  
days

Was autopsy performed?

What test confirmed diagnosis? clinical

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

(Signature) DEBORAH BROZOWSKI

(Print or Type Name) DEBORAH BROZOWSKI

(Address) F.M. Home Date 3/19 1966

AT-LEBANON WORKMEN'S CIRCLE WEST ROXB

Place of Burial or Cremation (City or Town)

DATE OF BURIAL 3 - 20 1966

7 NAME OF FUNERAL DIRECTOR ROBERT W. LEVINE

ADDRESS 1668 BRADON ST. BKLNE.

Received and filed MAR 24 1966

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

(or WIFE of (Give number, name of husband in full)

12 AGE 67 Years Months Days Hours Minutes

13 Usual Occupation SALESWOMAN - RETIRED

14 Ind. m. I. J. Fox - Boston

15 Street, Apt. No. 611 - 03 - 0866

16 BIRTHPLACE (City) RUSSIA  
(State or country)

17 NAME OF FATHER JACOB LANDON - correct

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

19 MAIDEN NAME OF MOTHER DOPA UNKNOWN

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

21 Informant SARA LANDEN - SISTER

(Address) 29 TEWKSBURY 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)

(Date of Issue of Permit)

A TRUE COPY ATTACHED

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar



MAY 12 1966 AM

2 FULL NAME Margaret Firth (Scannell)

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

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

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

PHYSICIAN — IMPORTANT

(a) Permanent Residence. No. 56 Beal Street

s. Winthrop, Mass.

(City or town and State)

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

| MEDICAL CERTIFICATE OF DEATH                                                                                |               | PERSONAL AND STATISTICAL PARTICULARS              |                   |
|-------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------|-------------------|
| 3 DATE OF DEATH                                                                                             | March 24 1966 | 8 SEX                                             | 9 COLOR           |
| (Month)                                                                                                     | (Day)         | (Year)                                            |                   |
| 4 I HEREBY CERTIFY, That I attended deceased from March 23 1966 to March 24 1966                            |               | 10 SINGLE (write the word)                        |                   |
| I last saw her alive on March 24 1966 death is said to have occurred on the date stated above, at 9:05 p.m. |               | MARRIED                                           |                   |
| DEATH WAS CAUSED BY: IMMEDIATE CAUSE                                                                        |               | WIDOWED                                           |                   |
| (a) Laennec's Cirrhosis of the liver                                                                        | Several Years | DIVORCED                                          |                   |
| Due To                                                                                                      |               | UNKNOWN                                           |                   |
| (b)                                                                                                         |               |                                                   |                   |
| Due To                                                                                                      |               |                                                   |                   |
| (c)                                                                                                         |               |                                                   |                   |
| OTHER SIGNIFICANT CONDITIONS                                                                                |               | 11 If married, widowed, or divorced               |                   |
| Was autopsy performed? no                                                                                   |               | HUSBAND of                                        |                   |
| What test confirmed diagnosis? clinical                                                                     |               | (Give maiden name of wife in full)                |                   |
| 5 Was disease or injury in any way related to occupation of deceased? If so, specify                        |               | (or) WIFE of                                      |                   |
| (Signature) Charles L. Clay, M.D.                                                                           |               | (Husband's name in full)                          |                   |
| (Address) 217 Bennington St. E. Boston                                                                      |               |                                                   |                   |
| DATE OF BURIAL March 28 1966                                                                                |               | 12 AGE 45 Years. Months. Days                     | If under 24 hours |
|                                                                                                             |               |                                                   | Hours. Minutes    |
|                                                                                                             |               | 13 Usual Occupation                               |                   |
|                                                                                                             |               | (Kind of work done during most of working life)   |                   |
|                                                                                                             |               | 14 Industry or Business                           |                   |
|                                                                                                             |               | 15 Social Security No.                            |                   |
|                                                                                                             |               | 16 BIRTHPLACE (City) (State or country)           |                   |
|                                                                                                             |               | 17 NAME OF FATHER                                 |                   |
|                                                                                                             |               | 18 BIRTHPLACE OF FATHER (City) (State or country) |                   |
|                                                                                                             |               | 19 MAIDEN NAME OF MOTHER                          |                   |
|                                                                                                             |               | 20 BIRTHPLACE OF MOTHER (City) (State or country) |                   |

6 Winthrop Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 28 1966

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.

ADDRESS 217 Bennington St. E. Boston

Received and filed

MAR 29 1966

A TRUE COPY ATTEST

(Registrar)

21 Informant Mr. Walter D. Firth

(Address) 56 Beal St. Winthrop

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

MAY 12 1898 AM



burial permit  
of Health  
gent.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD - DO NOT WRITE IN PLAN 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, § 3, 10; Chap. 114, § 4-4b.

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

100M-5-64-93800

OUT - OF - TOWN  
SUFFOLK  
(County)  
BOSTON  
(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON  
(City or Town making this return)

92

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registered No. 03215

No. Massachusetts General Hospital

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

2 FULL NAME SYLVIA BICKFORD  
(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) Permanent Residence. No. 69 Undine Avenue, St. Winthrop, Massachusetts  
(City or town and State)

Length of stay: 1. of death. 2 years 2 months 0 days. In place of residence 2 years 2 months 0 days

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 27, 1966  
(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 LACERATION  
OF BRAIN AND MULTIPLE SKULL FRACTURES  
XX

5 Accident, suicide, or homicide (specify)

Date and hour of injury March 27, 1966

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? Home.  
(Specify type of place)

Manner of 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) Leonard Atkins, M.D.  
Leonard Atkins, M.D.

25 Shattuck St. or Vp. Name  
(Address) Boston Date 3/28 1966

7 W. Pleasant Cem. Bryantville, Pembroke, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 1 1966

8 NAME OF FUNERAL DIRECTOR Bruce D. Anderton  
ADDRESS Whitman, Mass.

Received and filed MAR 31 1966

A TRUE COPY ATTEST: (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX female 10 COLOR white 11 SINGLE (write the word)  
MARRIED married  
WIDOWED  
DIVORCED  
UNKNOWN

12 If married, widowed, or divorced

HUSBAND of (Give married name of wife in full)

(or) WIFE of James Bickford  
(Give husband's name in full)

13 AGE 25 Years 4 Months 28 Days If under 24 hours  
Hours Minutes

14 Usual Occupation: Housewife  
(Field or work done during most of working life)

15 Industry or Business: ~~Housewife~~

16 Social Security No. 910-32-1562

17 BIRTHPLACE (City) 2103 Austria  
(State or country)

18 NAME OF FATHER Alfred Nowitch

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

20 MAIDEN NAME OF MOTHER Heriberta Gebhart

21 BIRTHPLACE OF MOTHER Austria  
(State or country)

22 Informant: Mrs. Heriberta Wright, mother  
(Address) Phillips Road, Pembroke, Mass.

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

C. J. 4016 Kenneth W. Hurd  
(Signature of Agent of Board of Health or other)

March 29, 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

MAY 12 1966 AM



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Suffolk

(County)

Boston

(City or Town)

xx Veterans Administration Hospital

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

112261

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

PHYSICIAN — IMPORTANT

2 FULL NAME Lincoln Hatch  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a  
U. S. War Veteran, SAW  
if so specify WARI.)(a) Permanent Residence. No. 5 Hillside Ave.

xx Winthrop, Mass.

(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 March 28 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Mar. 17 1966 to Mar. 28 1966death is said to  
have occurred on the date stated above, at 8:00A...m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Lobar pneumoniaINTERVAL  
BETWEEN  
ONSET AND  
DEATH  
days

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS  
Iron deficiency anemia mos.  
Fracture of left humerus days  
Probable cancer of prostate yrs.Was autopsy performed? YesWhat test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?  
If so, specify No(Signature) J. Shehadeh, M. D.  
Isam Shehadeh  
(Print or Type Name)(Address) VAH, Boston, Mass. Date Mar. 28 19666 Winthrop Cem., Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 30 19667 NAME OF FUNERAL DIRECTOR Marsh Funeral HomeADDRESS 147 Winthrop St., Winthrop, Mass.Received and filed APR 1 1966

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced Florence G. Pollard  
HUSBAND of (Give maiden name of wife in full)

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

12 AGE 90 Years 1 Months 12 Days If under 24 hours  
Hours Minutes13 Usual Occupation... Civil Engineer  
(Kind of work or most of working life)

14 Industry or Business

15 Social Security No. 011-36-337016 BIRTHPLACE (City) Dorchester  
(State or country) Mass.17 NAME OF FATHER Edward Hatch18 BIRTHPLACE OF FATHER (City) Dorchester  
(State or country) Mass.19 MAIDEN NAME OF MOTHER Ella Snelling20 BIRTHPLACE OF MOTHER (City) Dorchester  
(State or country) Mass.21 Informant V.A. Hospital Records, 150 S.(Address) Huntington Ave., Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

N. 18 V.B.V.

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

MAY 12 1966 AM



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

94

SUFFOLK

(County)

BOSTON

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 03539

No. Massachusetts General Hospital BAKER MEMORIAL

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

PHYSICIAN — IMPORTANT

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

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

(a) Permanent Residence. No. 1 Grovers Ave. St. Winthrop Mass.  
(City or town and State)

Length of stay: In place of death years months 23 days. In place of residence 10 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 7 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar 15 1966 to April 7 1966  
We last saw her alive on April 7 1966 Death is said to have occurred on the date stated above, at 7:30am

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

INTERVAL BETWEEN ONSET AND DEATH

(a) Bronchopneumonia, Rt. 1 wk.

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS T.B. Active

Yrs.

Was autopsy performed? yes  
What test confirmed diagnosis? autopsy

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

(Signature) Charles L. Clay M. D.

Charles L. Clay M. D.  
(Print of Type Name)

(Address) Ass't. Dir., Mass. Gen'l. Hosp. Date 4-7-1966

6 Place of Burial or Cremation O'Hel Jacob Woburn

DATE OF BURIAL April 8 1966  
(City or Town)

7 NAME OF FUNERAL DIRECTOR Morris W. Brezniak

ADDRESS 470 Harvard St. Brookline

Received and filed APR 12 1966

William J. Kane  
A TRUE COPY ATTEST

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

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

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

14 Industry or Business Office

15 Social Security No.

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

17 NAME OF FATHER Joseph Cohen

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

19 MAIDEN NAME OF MOTHER Jennie Bower

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

21 Informant Anna Cohen

1 Grovers Ave. Winthrop  
(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)

C 24368  
(Official Designation)

April 7 1966  
(Date of Issue of Permit)



A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

MAY 31 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

stop 95  
(City or Town making this return)

SUFFOLK

(County)

BOSTON

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

03921

No. MASSACHUSETTS GENERAL HOSPITAL

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

PHYSICIAN — IMPORTANT

2 FULL NAME Alice F. Benner

(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) Permanent Residence. No. 229 Washington Ave., Winthrop, Massachusetts

(City or town and State)

Length of stay: In place of death 2 years 2 months 30 days. In place of residence 30 years 2 months 30 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 15, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That attended deceased from  
April 12, 1966 to April 15, 1966  
We last saw her alive on April 15, 1966, death is said to  
have occurred on the date stated above, at 3:50 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY EMBOLI

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

7 WKS.

(b) Due To THROMBOPHLEBITIS

7 WKS.

(c) Due To

OTHER SIGNIFICANT CONDITIONS COR PULMONALE

7 MOS.

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

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

(Signature) Charles L. Cloy, M.D.

(Print or Type Name)

(Address) Asst. Dir., Mass. Gen'l. Hosp. Date April 15, 1966

6 German Cemetery, Waldoboro, Maine  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 19, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop.

Received and filed APR 21 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

DIVORCED

UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE 75 years 5 months 1 days

If under 24 hours

Hours Minutes

13 Usual

Occupation Police Supervisor

(Kind of work done during most of working life)

14 Industry

or Business State St. Bank Trust

15 Social Security No.

000-12-1258

16 BIRTHPLACE (City)

Everett

(State or country)

Mass.

P

17 NAME OF

FATHER

Lorrell Temple Benner

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER

Jamie Winthrop

20 BIRTHPLACE OF

MOTHER (City)

Barnstable

(State or country)

New Hampshire

21 Informant Mrs. Raymond Goodwin

(Address) 244 Grand View Ave. Winthrop

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

Signature of Agent of Board of Health or other  
Eugene Leonard 03925

(Official Designation)

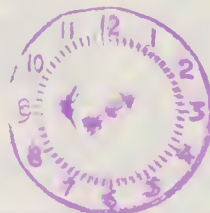
(Date of Issue of Permit)

April 18 1966

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

MAY 31 '66



OFFICE OF THE TOWN CLERK  
WATHTON, MASS.



KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

BOSTON

96

(City or Town making this return)

STANDARD  
 CERTIFICATE OF DEATH

Registered No. 04185

Suffolk  
(County)Boston  
(City or Town)

xx 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 Harold Smith

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

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

(a) Permanent Residence. No. 31 Hawthorne Ave. xx Winthrop, Mass.

(City or town and State)

Length of stay: In place of death years months 27 days. In place of residence 30 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 26 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Mar. 30 1966, to Apr. 26 1966death is said to  
have occurred on the date stated above, at 1:10 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic carcinoma of the  
colon yrs.

(b) Due To

(c) Due To

(c) Due To

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical &amp; Lab Findings

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

(Signature) Steven Frager M.D., M. D.

Steven Frager

(Print or Type Name)

(Address) VAH, Boston, Mass. Date Apr. 26 1966

6 B'nai Brith of Somerville, Peabody, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 27, 1966

7 NAME OF FUNERAL DIRECTOR Levine Funeral Chapel

ADDRESS 470 Harvard St., Brookline, Mass.

Received and filed MAY 2 1966

William J. Kane

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

Single

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

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

12

AGE 49 Years 7 Months 24 Days

If under 24 hours

Hours Minutes

13 Usual  
Occupation

Parking Lot Attendant

(Kind of work done during most of working life)

14 Industry  
or Business

15 Social Security No. 011-16-47-29

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

17 NAME OF

FATHER William Smith

18 BIRTHPLACE OF

FATHER (City) Russia  
(State or country)

19 MAIDEN NAME

OF MOTHER Katherine Ectman

20 BIRTHPLACE OF

MOTHER (City) Russia  
(State or country)

21 Informant V.A. Hospital Records, 150 S.

(Address) Huntington Ave., Boston, Mass.

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

(Signature of Agent of Board of Health or other)

(Date of issue of Permit)

TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

MAY 31 '88



CLERK OF THE TOWN  
WINTHROP, MASS.

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

97

(City or Town making this return)

SUFFOLK

(County)

BOSTON

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

04258

No. MASSACHUSETTS GENERAL HOSPITAL

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

PHYSICIAN — IMPORTANT

2 FULL NAME Myles T. Madison  
(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) Permanent Residence. No. 82 Sunnyside Ave. St. Winthrop, Massachusetts

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 29, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
April 28, 1966, to April 29, 1966.  
Last saw him live on April 29, 1966, death is said to  
have occurred on the date stated above, at 2:35 P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Ventricular Fibrillation Minute

(b) Due To Anoxia Minute

(c) Due To Bronchopneumonia Days

OTHER SIGNIFICANT CONDITIONS Fracture Right Femur 40Hrs

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

(Signature) Charles L. Cloy, M.D.

(Print or Type Name)

(Address) Asst. Dir., Mass. Gen'l. Hosp. Date April 29, 66

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

DATE OF BURIAL May 2, 1966

7 NAME OF FUNERAL DIRECTOR William J. Killion

ADDRESS 1 Sprague St. Revere, Mass

Received and filed MAY 4 1966

A TRUE COPY ATTEST

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Esther Hull  
(Give maiden name of wife in full)

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

12 AGE 27 Years 1 Months 10 Days If under 24 hours  
Hours Minutes13 Usual Occupation Salesman  
(Kind of work done during most of working life)

14 Industry or Business Retired

15 Social Security No. none

16 BIRTHPLACE (City) Canada  
(State or country)

17 NAME OF FATHER Angus Madison

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

19 MAIDEN NAME OF MOTHER Adelaide E Rembby

20 BIRTHPLACE OF MOTHER (City) U.S.A.  
(State or country)21 Informant Rufus E. Madison to  
(Address) 82 Sunnyside Avenue WinthI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:7/1/66 00076  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

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OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 98

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 121 COURT RD

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

PHYSICIAN — IMPORTANT

2 FULL NAME DAVID L O'BRIEN  
(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) Permanent Residence. No. 121 COURT RD St. WINTHROP  
(Usual place of abode) (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 MAY 2 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
APRIL 20, 1960, to MAY 2, 1966

I last saw him alive on MAY 2, 1966, 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

minutes

Due To  
(b)

Due To ATHEROSCLEROTIC CORONARY 64 YRS.  
(c) ARTERY DISEASE

OTHER SIGNIFICANT  
CONDITION PREVIOUS CORONARY  
THROMBOSIS 1960

Was autopsy performed?

What test confirmed diagnosis?

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

(Signature) R. N. Caplan M. D.

(Address) 156 PRINCETON ST.  
EAST BOSTON

Date 5-3 1966

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

DATE OF BURIAL MAY 5 1966

7 NAME OF FUNERAL DIRECTOR MADRICE W. KIRBY

ADDRESS WINTHROP

Received and filed MAY 4 1966

John A. Clark  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

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

12 AGE 67 Years, Months, Days If under 24 hours  
Hours, Minutes

13 Usual Occupation PLANT SUPT - RETIRED  
(Kind of work done during most of working life)

14 Industry or Business NE TEL & TEL CO

15 Social Security No. 011-07-4660

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

17 NAME OF FATHER MICHAEL O'BRIEN

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

19 MAIDEN NAME OF MOTHER ANNIE MAHONEY

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

21 Informant MARGARET R O'BRIEN

(Address) 121 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:

Richard Griffin (mak)  
(Signature of Agent of Board of Health or other)

Director of Public Health 5/4/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

8/2/18

DATE OF DISCHARGE.....

7/18/19

RANK, RATING .....

ELFC 30

ORGANIZATION AND OUTFIT.....

NAVY

SERVICE NUMBER.....

124-52-124

RULES OF PRACTICE

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

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

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



MAY 12 1966 PM



# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 99

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 93 Putnam St.

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

PHYSICIAN - IMPORTANT

2 FULL NAME Myer Krim

(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) Permanent Residence. No. 93 Putnam

St. Winthrop

(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 MAY 3 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
AUG 27, 1952 to MAY 3, 1966

I last saw him alive on MAY 3, 1966 Death is said to  
have occurred on the date stated above, at 5:50 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

10 MIN

(b) ARTERIO-SCLEROTIC HEART

(c) DIS + CORONARY ARTERY DIS

1 YR

OTHER SIGNIFICANT CONDITIONS  
CERVICAL METASTATIC  
SCQUAMOUS CELL CARCINOMA 1 YR  
PRIMARY UNKNOWN

Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL & BIOPSY

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

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

MYRON N. KING MD  
(Print or Type Name)

(Address) 222 PLEASANT ST. Date MAY 4, 1966  
WINTHROP MASS

6 Ohel Jacob Cem. Woburn  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 4, 1966

7 NAME OF FUNERAL DIRECTOR Arnold Golov

ADDRESS 1668 Beacon St. Brookline

Received and filed MAY 4, 1966

John A. Shaw  
(Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

13 Usual Occupation Restaurant Self Employed  
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No.

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

17 NAME OF FATHER Abraham Krim

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

19 MAIDEN NAME OF MOTHER Rachael Shapiro

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

21 Informant Bessie Krim  
93 Putnam St. Winthrop  
(Address)

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

Richard Griffin MD

(Signature of Agent of Board of Health or other)

Director of Public Health  
(Official Designation)

(Date of Issue of Permit) 5/4/66

IV.B

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 - 4 1966 PM

R-301

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 100

No. 390 REVERE ST

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

PHYSICIAN — IMPORTANT

2 FULL NAME MAGDALANE A (O'NEIL) MURTHA

(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) Permanent Residence. No. 390 REVERE

(Usual place of abode)

St. WINTHROP

(City or town and State)

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

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 9, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Oct. 23, 1962, to May 9, 1966  
I last saw him alive on May 4, 1966, death is said to

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

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive heart disease

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

6 mos.

Due To (b) Hypertension

Due To (c)

OTHER SIGNIFICANT CONDITIONS Abdominal aortic aneurysm 5 yrs

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

(Signature) John F. Collins M.D.

(Print or Type Name)

(Address) 27 Bennington St. Date May 9, 1966

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

DATE OF BURIAL MAY 10 1966

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP

Received and filed MAY 9 1966

John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

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

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of MATTHEW J. MURTHA  
(Husband's name in full)12 AGE 48 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) SOMERVILLE  
(State or country) MASS

17 NAME OF FATHER EDWARD O'NEIL

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

19 MAIDEN NAME OF MOTHER MAGDALANE TUMA

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

21 Informant MATTHEW J. MURTHA

(Address) 38 MANEMAT ST. NEWTON 59

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

Richard Griffin (Signature of Agent of Board of Health or other)

Archibald Griffith (Official Designation) May 9, 1966 (Date of Issue of Permit)

A TRUE COPY ATTEST:



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.

MAY 19 1966 PM



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 101

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

Cliff House Nursing Home

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

PHYSICIAN — IMPORTANT

2 FULL NAME Nicola Persiani  
(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 Hermon  
(Usual place of abode)St. Winthrop  
(If nonresident, give city or town and State)Length of stay: In place of death 1 years 5 months 5 days. In place of residence 5 years 5 months 5 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 9 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Jan. 1965 to May 9 1966  
I last saw him on 5/7/66 death is said to  
have occurred on the date stated above, at 9:30 p.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Urinary  
Due To Bladder and Prostate  
(b)INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3yrs

Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

None.

Was autopsy performed? NoWhat test confirmed diagnosis? Surgical, Pathological5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signature) Charles Liberman M. D.CHARLES LIBERMAN  
(Print or Type Name)(Address) WINTHROP, MASS. Date 5/9/666 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)DATE OF BURIAL May 12 19 667 NAME OF FUNERAL DIRECTOR Anthony P. Rapino  
ADDRESS 9 Chelsea St., East Boston, Mass.Received and filed MAY 11 1966 19John A. Gant  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED single  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)12 AGE 78 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If under 24 hours  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_13 Usual Occupation: Restaurateur  
(Kind of work done during most working life)14 Industry or Business: Self Employed - Retired15 Social Security No. 042-14-964216 BIRTHPLACE (City) Italy  
(State or country)17 NAME OF FATHER Michael DiGianvittorio18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)19 MAIDEN NAME OF MOTHER Adeline Aniello20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)21 Informant Maria Chinli (sister)  
(Address) 20 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:Richard Griffin (Signature of Agent of Board of Health or other)  
Director of Public Health (Official Designation) May 11 1966 (Date of Issue of Permit)

A TRUE COPY ATTEST:

SPACE FOR ADDITIONAL INFORMATION .....  
DATE OF ENTERING MILITARY SERVICE .....  
DATE OF DISCHARGE .....  
RANK, RATING ..... MAY 11 1966 AM  
ORGANIZATION AND OUTFIT .....  
SERVICE NUMBER .....  
.....

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#### RULES OF PRACTICE

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

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

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

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

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

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

WINTHROP

(City or town making return)

Registered No. ....

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. **CLIFF HOUSE NURSING HOME**

XX

Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME **NICOLA DIGIANVITTORIO a/k/a NICOLA PERSIANI**

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

(If U. S.  
War Veteran,  
specify WAR)(a) Residence. No. **20 Hermon Street**

(Usual place of abode)

X

Ward,

(If nonresident give city or town and state)

Length of stay: In hospital or institution **Nursing Home** **1** years months days. In this community **5** yrs. mos. days.  
(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR **White** 5 SINGLE (write the word)  
**MARRIED** **Single**  
**WIDOWED**  
or **DIVORCED**5a If married, widowed, or divorced  
HUSBAND of **-**  
(Give maiden name of wife in full)(or) WIFE of **-**  
(Husband's name in full)6 Age of husband or wife if alive **- - -** years

7 IF STILLBORN, enter that fact here.

8 AGE **78** Years **-** Months **-** Days **-** Hours **-** Minutes  
If less than 1 dayUsual Occupation: **Restaurateur**Industry or Business: **Self-Employed - Retired**  
**042-14-9642**11 Social Security No. **-**12 BIRTHPLACE (City)  
(State or country) **Italy**13 NAME OF FATHER **Michael DiGianvittorio**14 BIRTHPLACE OF FATHER (City)  
(State or country) **Italy**15 MAIDEN NAME OF MOTHER **Adeline Aniello**16 BIRTHPLACE OF MOTHER (City)  
(State or country) **Italy**17 Informant (Address) **Maria Chiulli** Relation, if any **(sister)**  
**20 Hermon St., Winthrop**

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

**Richard Griffin (B)**

(Signature of Agent of Board of Health or other)

**Director of Public Health 5-11-1966**

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 9 1966**  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
**Jan. 19 65, to 5-9- 19 66**I last saw him alive on **5-7-**, 19 **-**, death is said  
to have occurred on the date stated above, at **9:30p.m.** Duration

Immediate cause of death

**Carcinoma of Urinary  
Bladder and Prostate****3 yrs.**Due to **-**Due to **-**Other conditions **None**  
(Include pregnancy within 3 months of death)

Physician

Major findings:  
Of operations **-**Underline  
the cause to  
which death  
should be  
charged sta-Date of **-**

Of autopsy

What test confirmed diagnosis? **Surgical, Pathological**20 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 **5-9- 1966**21 **Winthrop** **Winthrop**  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL **19..**22 NAME OF FUNERAL DIRECTOR **Anthony P. Rapino**  
ADDRESS **East Boston, Mass.**

Received and filed

**May 11, 1966**

A TRUE COPY ATTEST:

Registrar

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }  
County of.....**SUFFOLK**..... } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the death of **Nicola Persiani** in the **Town** of **Winthrop**,  
(Give name of decedent exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said death, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by.....**her**.....on the  
(Him or her)  
form of certificate on the other side of this blank.

| SIGNATURE                     | RESIDENCE<br>(City or town, street and number, if any) | Relation to decedent,<br>if any |
|-------------------------------|--------------------------------------------------------|---------------------------------|
| <i>Mrs. Mary L. Churchill</i> | <i>16 Hermon St.</i>                                   | <i>Niece</i>                    |
|                               | <i>Winthrop</i>                                        |                                 |

FURTHER, The written evidence submitted to substantiate the affidavit was:

**Passport dated April 11, 1958**

Date,.....**May 18, 1966**.....

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by.....**her**.....are true.

Name .....*John Allen*.....

Official designation .....**Town Clerk**.....  
(City or town clerk or assistant clerk)

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK

(County)

WINTHROP

(City or Town)

## STANDARD CERTIFICATE OF DEATH

Registered No. 102

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

PHYSICIAN — IMPORTANT

2 FULL NAME NUNZIO BENEVENTO (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) Permanent Residence. No. 185 GROVERS AVE. St. WINTHROP, MASS (City or town and State)

Length of stay: In place of death. 17 years. 2 months. 17 days. In place of residence. 2 years. 2 months. 17 days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 12 1966 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Apr 25, 1966, to May 12, 1966.

I last saw him alive on May 12, 1966, death is said to have occurred on the date stated above, at 4:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Cecum 3 mo

Due To 4 Internal Hemorrhage 1 day

Due To 4 Uremia 1 wk

OTHER SIGNIFICANT CONDITIONS Re Rupt Appendicitis 24.05 1966

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

(Signature) N. D. Potts, M. D.

(Address) 17A Beacon St. Date 5/12/66

6 Holy Cross EB Malven (City or Town)

DATE OF BURIAL May 16 1966

7 NAME OF FUNERAL DIRECTOR Vincent Pazzarella

ADDRESS 971 Saratoga St. E.P.

Received and filed MAY 12 1966

A TRUE COPY ATTEST: John A. Clark (Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WH 10 SINGLE (write the word) MARRIED Married WIDOWED DIVORCED UNKNOWN

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

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

12 AGE 81 Years 5 Months 12 Days If under 24 hours Hours Minutes

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

14 Industry or Business:

15 Social Security No. 020-13-2514

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER Nunzio Benevento

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

19 MAIDEN NAME OF MOTHER C.M.F.L.

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

21 Informant Mrs. Antonia Benevento

(Address) 185 Grovers Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) May 14 1966



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.

MAY 13 1966

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Health  
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THIS

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PLACE OF DEATH

SUFFOLK  
(County)

WINTHROP  
(City or Town)

No. CLIFF HOUSE NURSING HOME (If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME THOMAS W. McMANUS  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 16 LOCUST  
(Usual place of abode)

St. DORCHESTER  
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 14 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
4-19, 1966, to 5-14, 1966  
I last saw him live on 5-13, 1966, death is said to  
have occurred on the date stated above, at 4:00 AM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) carcinoma of lung

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Compressive heart failure  
gastrectomy  
NO

Was autopsy performed?

NO

What test confirmed diagnosis? X-RAYS

5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify NO

(Signature) H.B. Greenfield, M. D.

(Print or Type Name)  
H.B. Greenfield

(Address) 447 Shirley St. W. Dorchester Date 5-14 1966

6 NEW CALVARY BOSTON  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 17 1966

7 NAME OF FUNERAL DIRECTOR E.M. Fitzgibbon

ADDRESS 252 Adams St. Dorchester

Received and filed MAY 15 1966 19

John A. Clark  
(Registrar)

A TRUE COPY ATTEST:

The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Registered No. 103

STANDARD  
CERTIFICATE OF DEATH

## PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, W.W.I.  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED MARRIED  
UNKNOWN

11 If married, widowed, or divorced  
HUSBAND of MARY R. COUTURE  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 69 Years.....Months.....Days If under 24 hours  
Hours.....Minutes

13 Usual Occupation: GUARD (RETIRED)  
(Kind of work done during most retired life)

14 Industry or Business: POST OFFICE

15 Social Security No. NONE

16 BIRTHPLACE (City) SALEM  
(State or country) MASS.

17 NAME OF FATHER THOMAS McMANUS

18 BIRTHPLACE OF FATHER (City) IRELAND  
(State or country)

19 MAIDEN NAME OF MOTHER ELLEN LYNCH

20 BIRTHPLACE OF MOTHER (City) SALEM  
(State or country) MASS.

21 Informant MARY R McMANUS  
(Address)

14 LOCUST ST DORCHESTER

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (P)  
(Signature of Agent of Board of Health or other)

Director of Public Health 5/16/66  
(Official Designation) (Date of Issue of Permit)

# SPACE FOR ADDITIONAL INFORMATION .....

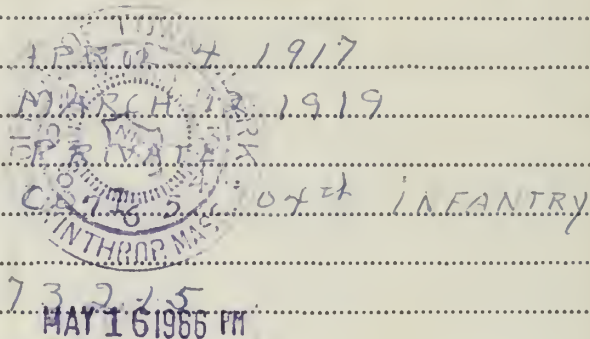
DATE OF ENTERING MILITARY SERVICE.....

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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 104

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 64 Reed St.

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME **Anthony D'ANGELO**  
(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) Permanent Residence. No. **64 REED ST.**  
(Usual place of abode)

St. **WINTHROP**  
(City or town and State)

Length of stay: In place of death **35** years.....months.....days. In place of residence **35** years.....months.....days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **May 16 1966**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
**Jan 66** to **May 16 1966**

1 last saw him alive on **May 16 1966**, death is said to  
have occurred on the date stated above, at **1:45 p.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Thrombosis of brain**

(b) Due To

(c) Due To

(d) Due To

(e) Due To

(f) Due To

(g) Due To

(h) Due To

(i) Due To

(j) Due To

(k) Due To

(l) Due To

(m) Due To

(n) Due To

(o) Due To

(p) Due To

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SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING.....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

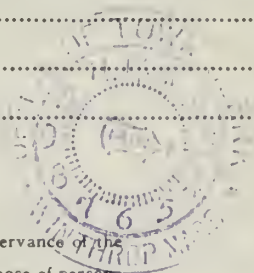
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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

## STANDARD CERTIFICATE OF DEATH

Registered No. 105

No. 35 Waldemar Ave.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Margaret Troy Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

35 Waldemar Ave.

Winthrop

(a) Permanent Residence. No.

St.

(City or town and State)

Length of stay: In place of death 52 years.....months.....days. In place of residence 52 years.....months.....days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16, 1966

(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

Oct 1964 to May 16, 1966

I last saw her alive on May 9, 1966, death is said to

have occurred on the date stated above, at 10:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 yrs

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Cholesterol

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles Liberman, M. D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS Date 5/18/1966

Oak Grove, Medford

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 19, 1966

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed MAY 19 1966

John A. Clark

(Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR

white

10 SINGLE (write the word)

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Horace M. Smith  
(Husband's name in full)

12

AGE 91 Years 6 Months 27 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation Homemaker

(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) Mass.

17 NAME OF

FATHER

John Troy

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER Helen Lucas

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21 Informant Mary Troy

(Address) 35 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:

Richard Griffin (M.D.)

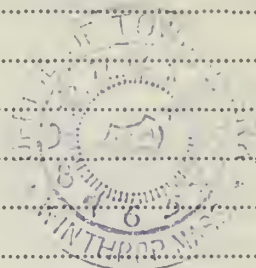
(Signature of Agent of Board of Health or other)

Director of Public Health 5/17/66  
(Official Designation) (Date of Issue of Permit)

N.B. V.D.



SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING.....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....



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RULES OF PRACTICE

MAY 19 1966 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.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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

KEVIN H. WHITE

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)

CERTIFICATE OF FETAL DEATH

(STILLBIRTH)

Registered No. 106

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 BABY BOY CATALANO  
(if given)3 DATE OF DELIVERY 5/21/66  
(Month) (Day) (Year)4 SEX X  
Male Female Undetermined

5 COLOR (if determined) W

6 THIS BIRTH (Check one)  
Single X Twin Triplet7 IF MULTIPLE BIRTH, BORN:  
1st 2nd 3rd8 FATHER  
FULL NAME JOSEPH R. CATALANO9 RESIDENCE, NO. 35 THATCHER ST., STREET  
CITY OR TOWN MEDFORD STATE MASS

10 COLOR OR RACE WH 11 AGE AT TIME OF THIS DELIVERY 23 (Years)

12 PLACE OF BIRTH CHELSEA MASS.  
(City or Town) (State or country)

13 OCCUPATION BANK EXAMINER

14 MOTHER  
MAIDEN NAME ANGELA LOVETERE  
PRESENT NAME ANGELA CATALANO15 RESIDENCE, NO. 35 THATCHER ST., STREET  
CITY OR TOWN MEDFORD STATE MASS.

16 COLOR OR RACE WH 17 AGE AT TIME OF THIS DELIVERY 23 (Years)

18 PLACE OF BIRTH MEDFORD, MASS.  
(City or Town) (State or country)

19 INFORMANT JOSEPH R. CATALANO

20 PREVIOUS DELIVERIES TO MOTHER  
(Do not include this fetus) One

(a) How many children are now living? One

(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 24  
completed weeks22 Weight Lb. 14 Oz.  
OF FETUS  
(or Grams)23 WHEN DID FETUS DIE?  
Before Labor During Labor or Delivery Unknown X24 AUTOPSY  
Yes No X

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Abruptio Placentae

Due To (b)

Due To (c)

OTHER SIGNIFICANT  
CONDITIONS26 Oak Grove Cemetery Medford  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL May 23, 1966 1927 NAME OF FUNERAL DIRECTOR Anthony Cincotti  
ADDRESS 325 Trapelo Rd., Belmont

Received and filed MAY 23 1966 19

A TRUE COPY ATTEST:

John A. Clark (Registrar)

I HEREBY CERTIFY that this delivery occurred on the date stated  
above at 3:52 A.M., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:

Salvatore Scasso

M.D.

SALVATORE SCASSO (PRINT OR TYPE NAME)

Address 520 Commonwealth Ave. Date 5-21-66  
Boston, Mass.I HEREBY CERTIFY that a satisfactory certificate of fetal death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/23/66

MAY 23 '66 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

## 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.



SUFFOLK

(County)

WINTHROP

(City or Town)

No.

WINTHROP COMMUNITY HOSPITAL

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 107

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME

TRIPOLI, SALVATORE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran, if so specify WARI. NO

(a) Permanent Residence. No.

44 FRANKFORT ST

St. EAST BOSTON, MASS.

(City or town and State)

Length of stay: In place of death.....years.....months 8.....days. In place of residence. 7.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 24 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
5/16/66, 19....., to 5/24/66, 19.....  
I last saw him alive on 5/24/66, 19....., death is said to  
have occurred on the date stated above, at 12<sup>4</sup> p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary vascular accident 1-week

Due To Atherosclerosis yrs.

(b) Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS noneWas autopsy performed? No  
What test confirmed diagnosis? Examination5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Nicholas A. Casaburi, M. D.

(Print or Type Name)

(Address) 81 Revere St, East Boston, Mass. 02128

6 ST. MICHAEL BOSTON  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 27, 1966

7 NAME OF FUNERAL DIRECTOR DIPIETRO &amp; VAZZA

11 HENRY ST, EAST BOSTON  
ADDRESS

Received and filed MAY 25 1966 19

A TRUE COPY ATTEST:

John A. Clark  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WH 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN SINGLE11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 77 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation CANDY MAKER RETIRED  
(Kind of work done during most of working life)

14 Industry or Business CHOCOLATE FACTORY

15 Social Security No. 028-03-9642

16 BIRTHPLACE (City) ITALY  
(State or country)

17 NAME OF FATHER CHRISTOFORO TRIPOLI

18 BIRTHPLACE OF FATHER (City) ITALY  
(State or country)

19 MAIDEN NAME OF MOTHER MARIA ANTONIA MAGGIO

20 BIRTHPLACE OF MOTHER (City) ITALY  
(State or country)21 Informant ANTONINA TRIPOLI  
44 FRANKFORT ST, EAST BOSTON  
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin  
(Signature of Agent of Board of Health or other)  
Director of Public Health May 26, 1966  
(Official Designation) (Date of Issue of Permit)

NOV 26 66 PM



OFFICE OF THE TOWN CLERK

WINTHROP, MASS.

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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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 57 Beacon Street

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

108

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

## PHYSICIAN — IMPORTANT

2 FULL NAME Anna L. (Sander) Johnson  
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Permanent Residence. No. 57 Beacon Street  
(Usual place of abode)

St.

(City or town and State)

Length of stay: In place of death 45 years.....months.....days. In place of residence 50 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 25 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
JAN 1964 to MAY 25, 1966I last saw him alive on MAY 20, 1966, death is said to  
have occurred on the date stated above, at 9:30 a.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart 2yrs  
Disease(b) Due To  
(c) Generalized Arteriosclerosis 5yrsINTERVAL  
BETWEEN  
ONSET AND  
DEATHOTHER  
SIGNIFICANT  
CONDITIONS None.

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signature) Charles Liberman, M. D.  
CHARLES LIBERMAN

(Print or Type Name)

(Address) Winthrop, Mass Date 5/26/1966

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 28 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds  
Winthrop, Mass

ADDRESS

Received and filed MAY 27 1966

John A. Clark Registrar

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Gunnar V Johnson  
(Husband's name in full)12 AGE 91 Years 10 Months 29 Days If under 24 hours  
Hours.....Minutes13 Usual Occupation Housewife  
(Kind of work done during most of working life)

14 Industry or Business At Home

15 Social Security No. 025-05-5099

16 BIRTHPLACE (City) Halperus Sweden  
(State or country)

17 NAME OF FATHER Anders Sander

18 BIRTHPLACE OF FATHER (City) Sweden  
(State or country)

19 MAIDEN NAME OF MOTHER Augusta Gustafson

20 BIRTHPLACE OF MOTHER (City) Sweden  
(State or country)

21 Informant Mildred G. Hyde

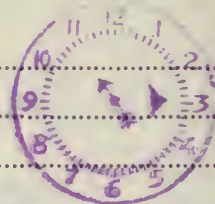
(Address) 57 Beacon Street Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin (s)  
(Signature of Agent of Board of Health or other)Director of Public Health 5/27/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:



27 86 PM



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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK  
(County)

WINTHROP  
(City or Town)

## STANDARD CERTIFICATE OF DEATH

Registered No. 109

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 MARTHA RIDLEY (COOK)  
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

7 BEACON STREET, WINTHROP MASS.

(a) Permanent Residence. No. St. (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 MAY 26 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10 AM MAY 25 1966, to MAY 26 1966.  
I last saw her alive on MAY 26 1966, death is said to have occurred on the date stated above, at 9:50 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

36 hrs

Due To (b) HYPERTENSIVE + ARTERIO-

Due To (c) SCLEROTIC HEART DIS 1 YR

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

(Signature) Myron N. King, M.D.

(Print or Type Name)

(Address) 222 Pleasant St. WINTHROP, MASS Date MAY 26 1966

6 Woodlawn Crematory Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 31 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass

Received and filed MAY 27 1966

John A. Clark (Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Arthur E Ridley (Husband's name in full)

12 AGE 75 Years 1 Months 21 Days If under 24 hours Hours Minutes

13 Usual Occupation Housewife (Kind of work done during most of working life)

14 Industry or Business At Home

15 Social Security No. 025-03-0555

16 BIRTHPLACE (City) Ware (State or country) Mass

17 NAME OF FATHER Charles C Cook

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

19 MAIDEN NAME OF MOTHER Lydia Stone

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

21 Informant Oscar Ridley N. Wilmington

(Address) N Wilmington

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (s)

(Signature of Agent of Board of Health or other)

Director of Public Health (Official Designation) 5/27/66 (Date of Issue of Permit) O.B. V.B.

A TRUE COPY ATTEST:

NOV 27 '66



OFFICE OF THE TOWNSHIP  
WINTHROP, MA

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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Registered No. 110

STANDARD  
CERTIFICATE OF DEATH

## PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, *no*  
if so specify WAR)

East Boston, Mass.

(If nonresident, give city or town and State)

No. *Cliff House Nursing Home* (If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)2 FULL NAME *Giuseppe Ciulla*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

188 Cottage Street

(a) Residence. No. (Usual place of abode)

Length of stay: In place of death. *4* years. *25* months. *25* days. In place of residence. *25* years. *25* months. *25* days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *MAY 27, 1966*  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
*1/2*, 19*66*, to *5/27*, 19*66*  
I last saw h.l. alive on *5/25*, 19*66*, death is said to  
have occurred on the date stated above, at *1 PM* m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *CORONARY THROMBOSIS* *minutes*Due To *HYPERTENSION* *6 mos.*

Due To (c)

OTHER SIGNIFICANT CONDITIONS *CORONARY INFARCTION 1/2/66*  
*CEREBRAL THROMBOSIS 1/2/66*Was autopsy performed? *NO*

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? *NO*  
If so, specify(Signature) *Francis P. Schraffa* M. D.*FRANCIS P. SCHRAFFA* (Print or Type Name)(Address) *104 BERN ST. E.B.* Date *5/28* 19*66*6 *Holy Cross Cemetery Malden*  
Place of Burial or Cremation (City or Town)DATE OF BURIAL *May 30* 19*66*7 NAME OF FUNERAL DIRECTOR *Anthony P. Rapino**9 Chelsea St., East Boston, Mass.*

ADDRESS

Received and filed *JUN 11 1966* 19*John A. Clark* (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX *male* 9 COLOR *white* 10 SINGLE (write the word)  
*MARRIED*  
*WIDOWED*  
*DIVORCED* *married*  
*UNKNOWN*11 If married, widowed, or divorced *Antonette Guardino*  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 *74* AGE *74* Years. Months. Days If under 24 hours  
Hours. Minutes13 Usual Occupation: *Fisherman*  
(Kind of work done during most working life)14 Industry or Business: *Retired*15 Social Security No. *022-05-2742*16 BIRTHPLACE (City) *Italy*  
(State or country)17 NAME OF FATHER *Stephen Ciulla*18 BIRTHPLACE OF FATHER (City) *Italy*  
(State or country)19 MAIDEN NAME OF MOTHER *Vincenza Scalfani*20 BIRTHPLACE OF MOTHER (City) *Italy*  
(State or country)21 Informant *Antonette Ciulla (wife)*  
(Address) *188 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:*Richard Griffin (B)*Signature of Agent of Board of Health or other  
*Director of Public Health* 5/30/66

(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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 - 1 '86



OFFICE OF THE TOWN CLERK  
 WINTHROP, MASS.

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Winthrop  
(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 111

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 73 Chester Avenue

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME John Hinckley Flinn  
(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) Permanent Residence. No. 73 Chester Avenue St. (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 MAY 29 1966  
(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 1:00 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due

Due To (b) to natural causes.

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

For Winthrop Board of Health

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased No  
If so, specify

(Signature) Charles Liberman, M. D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS Date 5/29/1966

6 Winthrop Cemetery, Winthrop, Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 1, 1966 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass

Received and filed MAY 31 1966 19

John A. Clark (Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

male white

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 60 Years 7 Months 9 Days If under 24 hours Hours Minutes

13 Usual Occupation Co-Owner (Kind of work done during most of working life)

14 Industry or Business: Wholesale Lumber Co.

15 Social Security No. 010-09-9644

16 BIRTHPLACE (City) Boston (State or country) Massachusetts

17 NAME OF FATHER John Henry Flinn

18 BIRTHPLACE OF FATHER (City) Halifax (State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Mary Agnes Ritchie

20 BIRTHPLACE OF MOTHER (City) Exeter (State or country) New Hampshire

21 Informant Mrs. William J. McDonough

(Address) 110 Burton Avenue, Whitman

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (Signature of Agent of Board of Health or other)

Director of Public Health 5/31/66 (Official Designation)

(Date of Issue of Permit)

Med. Examiner Notified - Referred to Board of Health.



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.

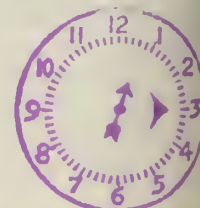
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

NOV 31 '66 PM



OFFICE OF THE TOWN CLERK  
 WINTHROP, MASS.

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK

(County)

WINTHROP

(City or Town)

## STANDARD CERTIFICATE OF DEATH

Registered No. 112

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 EPIFANIO POTITO (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) Permanent Residence. No. 169 TRENTON ST. St. EAST BOSTON, MASS. (City or town and State)

Length of stay: In place of death. years. months. 5 days. In place of residence. 55 years. months. days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 3 1966 (Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from May 30, 1966, to June 3, 1966.

I last saw him live on June 3, 1966, death is said to have occurred on the date stated above, at 6:25 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) cerebral thrombosis

Due To arteriosclerosis.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Bleeding duodenal ulcer Parkinson's Disease

Was autopsy performed? No What test confirmed diagnosis? X-Rays.

5 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) H. B. G. Wood, M. D.

(Address) 447 Shilley St. Wintthrop Date 6-4 1966

6 Woodlawn Cemetery, Everett Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 7th 1966

7 NAME OF FUNERAL DIRECTOR Richard C. Ruby, Inc.

ADDRESS 917 Bennington St. E. Boston

Received and filed June 6, 1966

A TRUE COPY ATTEST:

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Married

11 If married, widowed, or divorced HUSBAND of Lorita Fuccillo (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 81 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Tailor - Retired (Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. 013-05-2865

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER Dominic Potito

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Potenza Porfido

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Dr. Dominic Potito-son

(Address) 14 Nancia 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:

Richard C. Ruby, Inc. (Signature of Agent of Board of Health or other) Director of Public Health June 6, 1966 (Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 - 6 '66



OFFICE OF THE TOWN  
CLERK, WINTHROP, MASS.



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)

House

No. Cliff/Nursing Home

STANDARD  
CERTIFICATE OF DEATH

Registered No. 113

## PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) no

2 FULL NAME Morris J. Greenberg

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 146 Shirley Avenue

(Usual place of abode)

St. Revere, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....1 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 4 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
May 24, 1966, to June 4, 1966.  
I last saw him alive on June 4, 1966, death is said to  
have occurred on the date stated above, at 8:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of b/ladder

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

29y.

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONSWas 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

(Signature) Harry J. Wiener, M.D.

(Print or Type Name)

(Address) Revere, Mass. Date June 4 1966

6 Shepatovka Soc. Cem., West Roxbury  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 6 1966

7 NAME OF FUNERAL DIRECTOR Torf Funeral Serv. Inc.  
1615 Beacon St., Brookline

ADDRESS

Received and filed June 6, 1966

John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Married11 If married, widowed, or divorced  
HUSBAND of Mary Kravitsky  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 78 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Manufacturer  
(Kind of work done during most working life)

14 Industry or Business: Ladies Dresses

15 Social Security No. 014-14-3561

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Israel Greenberg

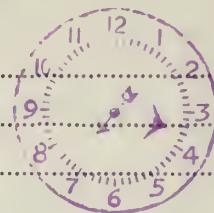
18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER (CBL)

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant George Greenberg (son)  
(Address) 45 Fottler Rd., MattapanI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin (P)  
(Signature of Agent of Board of Health or other)  
Director of Public Health 6/6/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

JUN - 6 '66 PM



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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

**WINTHROP**  
(City or Town making this return)

Suffolk  
(County)

Winthrop  
(City or Town)

## STANDARD CERTIFICATE OF DEATH

Registered No. **114**

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 **George Donnelly**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a  
U. S. War Veteran, **W W 11**  
if so specify WAR)

(a) Permanent Residence. No. **964 Shirley St.** St. **Winthrop, Mass.**  
(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 5 1966**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
**JAN 1966** to **June 5 1966**  
I last saw him live on **June 5, 1966** death is said to  
have occurred on the date stated above, at **4:20 p.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Cancer of Lung**

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
**7 mos.**

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

**None**

Was autopsy performed? **No**

What test confirmed diagnosis? **Clinical, Surgical, Pathological**

5 Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify

(Signature) **Charles Liberman** M. D.  
**CHARLES LIBERMAN**  
(Print or Type Name)

(Address) **WINTHROP, MASS** Date **6/5/66**

6 **Winthrop Winthrop**  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **June 8, 1966**

7 NAME OF FUNERAL DIRECTOR **Maurice W Kirby**

ADDRESS **Winthrop**

Received and filed **JUN 7 1966** 19

A TRUE COPY ATTEST:

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)  
**MARRIED**  
**WIDOWED**  
**DIVORCED**  
**UNKNOWN** **Married**

11 If married, widowed, or divorced  
HUSBAND of **Mary E Molloy**  
(Give maiden name of wife in full)

(or) WIFE of.....  
(Husband's name in full)

12 AGE **43** Years.....Months.....Days If under 24 hours  
.....Hours.....Minutes

13 Usual Occupation **Crane Operator**  
(Kind of work done during most of working life)

14 Industry or Business: **Steel Supply Co.**

15 Social Security No. **022-1809-82**

16 BIRTHPLACE (City) **Cambridge**  
(State or country) **Mass.**

17 NAME OF FATHER **Edward A Donnelly**

18 BIRTHPLACE OF FATHER (City) **Ireland**  
(State or country)

19 MAIDEN NAME OF MOTHER **Bridget Noonan**

20 BIRTHPLACE OF MOTHER (City) **Ireland**  
(State or country)

21 Informant **Mary E Donnelly**

(Address) **964 Shirley St Winthrop, Mass**

I HEREBY CERTIFY, that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

**Richard Gifford**  
(Signature of Agent of Board of Health or other)  
**Director of Public Health** (Official Designation) **June 7, 1966** (Date of Issue of Permit)



# SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE..... 4/26/43

DATE OF DISCHARGE..... 2/7/46

RANK, RATING ..... Seaman First Class

ORGANIZATION AND OUTFIT..... Navy

SERVICE NUMBER..... 801 69 97

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

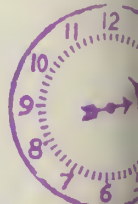
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 7 1946



OFFICE OF THE TOWN CLERK

WINTHROP, MASS.

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 115

No. 26 Sturgis St. Bay View Nursing Home  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Helen A. Fielding  
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence, No. 18 Chester Ave.  
(Usual place of abode) St. (City or town and State)

Length of stay: In place of death, years 1 months days. In place of residence 20 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 12, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from MAY 15, 1966 to JUNE 12, 1966.  
I last saw her alive on JUNE 9, 1966 death is said to have occurred on the date stated above, at 12:50 PM.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Hypertension 13 yrs  
Heart Disease  
(b) Generalized Arteriosclerosis 15 yrs  
(c) Due To

OTHER SIGNIFICANT CONDITIONS Chronic Cholecystitis 4 yrs

Was autopsy performed? No  
What test confirmed diagnosis? Clinical & Lab5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signature) M. Traubstein M. D.  
M. Traubstein M. D.  
(Address) 73 Bartlett Rd. Winthrop  
Date June 12, 19666 Oak Grove Cemetery Medford  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 15, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed JUN 14 1966

John A. Clark Registrar

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED Single WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

12 AGE 78 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) East Boston Mass  
(State or country)

17 NAME OF FATHER James E. Fielding

18 BIRTHPLACE OF FATHER (City) England  
(State or country)

19 MAIDEN NAME OF MOTHER Mary E. Glassett

20 BIRTHPLACE OF MOTHER (City) East Boston Mass  
(State or country)

21 Informant Mary Fielding

(Address) 18 Chester Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (B)  
(Signature of Agent of Board of Health or other)  
Director of Public Health June 13, 1966  
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

JUN 14 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.





SPACE FOR ADDITIONAL INFORMATION.....  
 DATE OF ENTERING MILITARY SERVICE.....  
 DATE OF DISCHARGE.....  
 RANK, RATING .....  
 ORGANIZATION AND OUTFIT.....  
 SERVICE NUMBER.....  
 .....

JUN 15 '66 PM



OFFICE OF

WINSTON P. MOORE

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No.

117

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 CHARLES K. WEINER

(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) Permanent Residence. No.

66 FREMONT ST.

St.

WINTHROP

(City or town and State)

Length of stay: In place of death years 3 months days. In place of residence 42 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 13 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from MARCH 10 1966 JUNE 13 1966  
I last saw him alive on JUNE 13 1966 6.20 P.  
have occurred on the date stated above, at 6.20 P.m.

INTERVAL BETWEEN ONSET AND DEATH

3 MOS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
CEREBRAL HEMORRAGE LEFT

(a) WITH RIGHT HEMIPLEGIA  
(b) ARTERIOSCLEROTIC & HYPERTENSIVE HEART DISEASE

(c) GENERALIZED ARTERIOSCLEROSIS

OTHER SIGNIFICANT CONDITIONS BILATERAL VARICOSE VEINS

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

(Signature) M. Traubstein, Jr.  
M. TRAUBSTEIN, JR.

(Print or Type Name)

(Address) 73 BARTLETT RD. WINTHROP  
JUNE 13 1966

6 Austrian Cemetery Woburn  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL June 14, 1966

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach  
ADDRESS 1668 Beacon St. Brookline

Received and filed JUNE 14 1966  
John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Married

11 If married, widowed, or divorced HUSBAND of Marie Scholl  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 78 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Restaurant Owner  
(Kind of work done during most of working life)

14 Industry or Business Retired

15 Social Security No. 016-26-9792

16 BIRTHPLACE (City) (State or country) Austria

17 NAME OF FATHER Aaron Weiner

18 BIRTHPLACE OF FATHER (City) (State or country) Austria

19 MAIDEN NAME OF MOTHER Gittel Katz

20 BIRTHPLACE OF MOTHER (City) (State or country) Austria

21 Informant Marie Weiner

(Address) 66 Fremont 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 Griffin  
(Signature of Agent of Board of Health or other)

Director of Public Health June 14 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:



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.



RECEIVED  
WINTER MASS.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 118

## PHYSICIAN — IMPORTANT

2 FULL NAME Ruth Famolare (McNamara)  
(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

15 Brenton

Reverse

(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, 4 days. In place of residence, 1 years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 14 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Jan 1963, to June 14, 1966.  
I last saw her alive on June 14, 1966, death is said to  
have occurred on the date stated above, at 11:00 a.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular occlusion 2 months

(b) Due To Cerebral arteriosclerosis 6 months

(c) Due To Diabetes Mellitus 20 yrs

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles Liberman, M. D.

CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS. Date 6/16/1966

6 Holy Cross, Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 17, 1966

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano  
147 Winthrop St., Winthrop

ADDRESS JUN 20 1966

Received and filed JUN 20 1966

John A. Clare  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED widowed  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of John Famolare  
(Husband's name in full)12 AGE 64 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most working life)

14 Industry or Business: at home

15 Social Security No.  
16 BIRTHPLACE (City) Charlestown  
(State or country) Mass.

17 NAME OF FATHER Charles McNamara

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Carroll

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant Joseph Famolare  
(Address) 172 Somerset Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin  
(Signature of Agent of Board of Health or other)  
Sworn of Public Health 6/16/66  
(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.

JUN 20 '66 PM



OFFICE OF THE TOWN  
 WINTHROP, MASS



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

119

(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Nursing Home-Sturgis

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

PHYSICIAN — IMPORTANT

2 FULL NAME MARGARET EMMA KROVITZ (Conway)

(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) Permanent Residence. No. 1191 Saratoga St. (East) BOSTON

(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 17, 1966

(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Dec 2, 1965 to June 17, 1966

I last saw him alive on June 17, 1966 death is said to have occurred on the date stated above, at 8:55 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

6 Mos

Due To Arteriosclerosis

(b) 5 yrs

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Diabetes

Arthritis

6 Mos

10 yrs

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

(Signature) John F. Collins M.D., M. D.

John F. Collins M.D.

27 Beunington St Revere Date 17 June, 66

6 Puritan Lawn Mem. Park Peabody

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 20, 1966

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella

ADDRESS 876 Winthrop Ave. Revere

Received and filed

JUN 20 1966

John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

DIVORCED

UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Samuel Krovitz

(Husband's name in full)

12

AGE 80 Years 7 Months 7 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation At home

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No. 019-28-6063

16 BIRTHPLACE (City).

(State or country)

Ireland

17 NAME OF

FATHER John Conway

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER Mary Doyle

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21 Informant William Recorades

(Address) 1191 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:

Richard Griffin (M.D.)

(Signature of Agent of Board of Health or other)

Director of Public Health 6/20/66

(Official Designation)

(Date of Issue of Permit)

JUN 20 '66 PM

SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING.....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....



OFFICE OF THE TOWN CLERK

WINTHROP, MASS.

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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

KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Suffolk  
(County)Winthrop  
(City or Town)

No. 5 Sagamore Ave.

STANDARD  
CERTIFICATE OF DEATH

Registered No.

120

{(If death occurred in a hospital or institution,  
 St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Lillian V (Shea) Mullen

(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) Permanent Residence. No. 5 Sagamore Ave  
 (Usual place of abode)

St. Winthrop

(City or town and State)

Length of stay: In place of death 12 years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 17 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
 Nov. 26, 1955 to JUNE 17, 1966  
 I last saw him on JUNE 15, 1966 death is said to  
 have occurred on the date stated above, at 6:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCTION

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
12 hr

(b) Due To ARTERIOSCLEROTIC

(c) Due To HYPERTENSIVE HEART DIS

11 YR

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

(Signature) Myron H. King M. D.  
 MYRON H. KING M.D.  
 (Print or Type Name)

(Address) 121 PLEASANT ST. Date 6/18/66  
WINTHROP MASS6 Old Calvary Boston  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 20 1966

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS Winthrop

Received and filed JUN 20 1966

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
 MARRIED WIDOWED DIVORCED UNKNOWN  
 Widowed

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Henry J Mullen

(Husband's name in full)

12 AGE 77 Years.....Months.....Days If under 24 hours  
 Hours.....Minutes

13 Usual Occupation Cook

(Kind of work done during most of working life)

14 Industry or Business Domestic

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass.  
(State or country)

17 NAME OF FATHER Jeremiah Shea

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Mary A Shea

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass

21 Informant Gertrude E Shea

(Address) 5 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:

Richard Griffin (M.D.)

(Signature of Agent of Board of Health or other)

Director of Public Health 6/20/66  
 (Official Designation) (Date of Issue of Permit)

N.B. 1/12 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.

JUN 20 '66 PM



OFFICE OF THE TOWN CLERK  
 WINTHROP, MASS

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)

No. C 2 Viking Gardens

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

2 FULL NAME Della A (Fahey) Lingley  
(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) Permanent Residence. No. C2 Vikings Gardens St. Winthrop Mass  
(Usual place of abode) (City or town and State)

Length of stay: In place of death. 4 years.....months.....days. In place of residence. 55 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 18 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
MARCH 65 to JUNE 15 1966I last saw her alive on JUNE 17 1966 death is said to  
have occurred on the date stated above, at 11:00 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CARDIAC DILATATION 0

(b) CORONARY ARTERIO SCLEROSIS HEART 15 yrs

(c) Due To

OTHER SIGNIFICANT CONDITIONS PERNICIOUS ANEMIA 18 yrs

Was autopsy performed? No

What test confirmed diagnosis? BLOOD PRESSURE

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signature) Rose E. Jannini, M. D.  
(Print or Type Name)

(Address) 167 Pleasant St. Winthrop, Mass. Date June 20 1966

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 21 1966

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS Winthrop

Received and filed June 21 1966

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED Widowed  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Richmond F Lingley  
(Husband's name in full)12 AGE 85 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.

16 BIRTHPLACE (City). Fitchburg Mass.  
(State or country)

17 NAME OF FATHER Peter Fahey

18 BIRTHPLACE OF FATHER (City). Unknown  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Meehan

20 BIRTHPLACE OF MOTHER (City). Unknown  
(State or country)

21 Informant John R Lingley

(Address) 15 Gilbert Ct. Cumberland R.I.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin (MCK)  
(Signature of Agent of Board of Health or other)  
Director of Public Health  
(Official Designation)6/21/66  
(Date of Issue of Permit)  
N.B. V.B.V.

JUN 21 '66 AM

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....



RECEIVED

WINDY 3 4 5 6 7 8 9 10

#### 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.



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWINTHROP  
(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)

No. 91 Faun Bar Ave.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 122

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

J.L. NAME Mary V. English (Rodden)  
(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) Re No. 91 Faun Bar Ave. St. Winthrop  
(c) (place of abode) 22 22 (City or town and State)

Length of stay: e of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 19, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
19, to 19I last saw h. alive on 19, death is said to  
have occurred on the date stated above, at 6:50 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably

(b) due to natural

(c) causes

INTERVAL  
BETWEEN  
ONSET AND  
DEATHOTHER  
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(Signature) Charles Liberman, M. D.  
CHARLES LIBERMAN  
WINTHROP, MASS. (Print or Type Name) OF HEALTH  
(Address) WINTHROP, MASS. Date 6/21/666 Holy Cross Cemetery, Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 22, 1966

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

JUN 23 1966

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, with 1, or divorced  
HUSBAND of(or) WIFE of Vincent J. English  
(Give maiden name of wife in full)  
(Husband's name in full)12 AGE 73 Years 7 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. 023-20-3090D

16 BIRTHPLACE (City) Boston  
(State or country) Mass.

17 NAME OF FATHER Bernard Rodden

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)19 MAIDEN NAME Mary McEleney  
OF MOTHER20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant Grace English  
(Address) 91 Faun Bar Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin (M.D.)  
(Signature of Agent of Board of Health or other)Director of Public Health 6/21/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

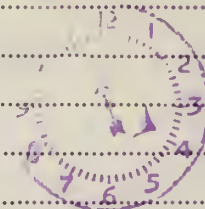
DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

JUN 23 '66 PM  
JUN 2



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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 return of death which occurred in your city or town in excess of one month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-3-62-932695

PLACE OF DEATH

Middlesex

Cambridge



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

COPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Cambridge (City or Town making this return)

123

Registered No. 793

No. Mount Auburn Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martha Pleasant Lamb  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

((Was deceased a U. S. War Veteran, if so specify WAR))

(a) Residence No. 46 Hillside Ave.  
(Usual place of abode)

St. Winthrop  
(If nonresident, give city or town and State)

Length of stay: In place of death, years, months, days, in place of residence, years, months, days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 19, 1966 (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.)

Peritonitis  
Ruptured Sigmoid Diverticulum

5 Accident, suicide, or homicide (specify) no

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 no

(Signed) S. N. Mangano, M. D.

" " "

(Address) 51 Brattle St. Date 6-19-66

7 Place of burial or cremation Everett (City or Town)

DATE OF BURIAL June 21, 1966

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed John A. Clark 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)

Female White Married  
12 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Fred B. Lamb (Husband's name in full)

13 AGE 78 Years 11 Months 3 Days If under 24 hours

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) Boston

(State or country) Mass.

18 NAME OF FATHER c.n.b.l.

19 BIRTHPLACE OF FATHER (City) c.n.b.l.

(State or country) c.n.b.l.

20 MAIDEN NAME OF MOTHER c.n.b.l.

21 BIRTHPLACE OF MOTHER (City) c.n.b.l.

(State or country) c.n.b.l.

22 Informant Fred B. Lamb

(Address) 46 Hillside Ave. Winthrop, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 20, 1966



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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JUL 5 '66 AM



OFFICE OF THE  
JUL 5 1966

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 124

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 Henry J. Jacques (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Permanent Residence. No. 286 Winthrop St. Winthrop, Mass. (City or town and State)

Length of stay: In place of death years months 1 days. In place of residence years months X days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 3 0 1966 (Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from MARETT, 19.62 to JUNE 19, 1966. I last saw him live on 6/29, 1966, death is said to have occurred on the date stated above, at 6:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCTION 2 days

Due To (b) ARTERIO-SCLEROTIC +

Due To (c) HYPERTENSIVE HEART DIS 4 YRS

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS MILD 4 YRS

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

(Signature) MYRON N. KING M. D.

(Address) 222 Pleasant St. WINTHROP, MASS. Date 6/30, 1966

6 St. John Cemetery No. Camb. Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 2, 1966

7 NAME OF FUNERAL DIRECTOR Joseph Russo

ADDRESS 814 Amer. Leg. Hwy. Rosl.

Received and filed JUL 1 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED Married WIDOWED DIVORCED UNKNOWN

11 If married, widowed or divorced HUSBAND of Lauretta (Bedard) Jacques (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 80 Years 13 Days If under 24 hours Hours Minutes

13 Usual Occupation Overseer (Kind of work done during most of working life)

14 Industry or Business Textile Mill

15 Social Security No. 024-07-2253

16 BIRTHPLACE (City) Uxbridge Mass. (State or country)

17 NAME OF FATHER Francis Jacques

18 BIRTHPLACE OF FATHER (City) Canada (State or country)

19 MAIDEN NAME OF MOTHER Julia (unknown)

20 BIRTHPLACE OF MOTHER (City) Canada (State or country)

21 Informant Mrs. Lauretta Jacques

(Address) 286 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me, BEFORE the burial or transit permit was issued:

Richard Griffin (Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) N. J. P. L.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

JUL 5 1966 AM



OFFICE OF THE ADJUTANT  
GENERAL  
WASHINGTON, D.C.



RM R-301

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

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)

PHYSICIAN - IMPORTANT

2 FULL NAME Henry J. Jacques

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No

(a) Permanent Residence. No. 286 Winthrop St.

St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death.....years.....months.....1 days. In place of residence.....34 years.....months.....X days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 3 0 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased, from  
Marelt, 1962, to JUNE 29, 1966  
I last saw him live on 6/29/66, death is said to  
have occurred on the date stated above, at 6:18 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCTION 2 days

Due To (b) ARTERIO-SCLEROTIC +

Due To (c) HYPERTENSIVE HEART DIS

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 YRS

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS MILD

4 YRS

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL SERG

5 Was disease or injury in any way related to occupation of deceased? .....  
If so, specify

(Signature) MYRON N. KING, M. D.

(Address) 222 PLEASANT ST. Date 6/30/66  
WINTHROP MASS6 St. John Cemetery No. Camb.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 2, 1966

7 NAME OF FUNERAL DIRECTOR Joseph Russo

ADDRESS 814 Amer. Leg. Hwy. Rosl.

Received and filed JUL 1 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Married

11 If married, widowed or divorced HUSBAND of Lauretta (Bedard) Jacques  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 80 Years 13 Days If under 24 hours Hours Minutes

13 Usual Occupation Overseer  
(Kind of work done during most of working life)

14 Industry or Business Textile Mill

15 Social Security No. 024-07-2253

16 BIRTHPLACE (City). Uxbridge Mass.  
(State or country)

17 NAME OF FATHER Francis Jacques

18 BIRTHPLACE OF FATHER (City). Canada  
(State or country)

19 MAIDEN NAME OF MOTHER Julia (unknown)

20 BIRTHPLACE OF MOTHER (City). Canada  
(State or country)

21 Informant Mrs. Lauretta Jacques

(Address) 286 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me, BEFORE the burial or transit permit was issued:Richard G. Griffin  
(Signature of Agent of Board of Health or other)Director of Public Health 7/1/66  
(Official Designation)

(Date of Issue of Permit)

N.E.V.B.

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:

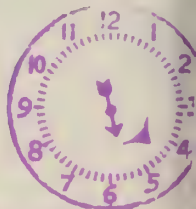
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(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.



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Boston  
(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 04672

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

2 FULL NAME Maude Keyes  
(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) Permanent Residence. No. 59 Sunnyside Avenue St. Winthrop, Mass. Mass.  
(City or town and State)

Length of stay: In place of death.....years 1 months 14 days. In place of residence 43 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 7, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That ~~he~~ attended deceased from  
March 26, 1966, to May 7, 1966  
and last saw ~~her~~ alive on May 7,, 1966. Death is said to

have occurred on the date stated above, at 5:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

Due To (b) Gastric Aspiration

Due To (c) Peptic Esophagitis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

Days

Days

Weeks

Months

OTHER  
SIGNIFICANT  
CONDITIONS Megaloblastic Anemia

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

(Signature) Charles L. Clay, M.D., M. D.

(Print or Type Name)

(Address) Ass't. Dir., Mass. Gen'l. Hosp. Date May 7 1966

6 Woodlawn Cemetery, Everett, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 10, 1966 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed MAY 12 1966 19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED Single  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 90 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: own home

15 Social Security No. 022-05-1257

16 BIRTHPLACE (City) East Boston  
(State or country) Massachusetts

17 NAME OF FATHER John R. Keyes

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Cybelles A. Wardwell

20 BIRTHPLACE OF MOTHER (City) North Blue Hill  
(State or country) Maine

21 Informant Mrs. Blanche L. Gowdy

(Address) 9 Chaucer St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

JUL 15 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. New England Center Hospital2 FULL NAME Helen Pye (Johnson)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 71 Center St.Winthrop, Mass.

(City or town and State)

Length of stay: In place of death.....years.....months.....21 days. In place of residence 63 years 0 months 6 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, that I attended deceased from April 22 1966 to May 13, 1966I last saw her alive on May 13 1966, death is said to have occurred on the date stated above, at 9:45 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Subdiaphragmatic AbscessDue To Pneumatic surgery(b) for suspected tumor

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? YESWhat test confirmed diagnosis? AUTOPSY5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signature) Christopher S. Charles, M. D.CHRISTOPHER G. ELIADES

(Print or Type Name)

(Address) N.E. CENTER HOSPITAL Date 14 MAY 19666 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)DATE OF BURIAL May 17 19667 NAME OF FUNERAL DIRECTOR Howard S ReynoldsADDRESS Winthrop MassReceived and filed MAY 17 1966William J. Hane

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATHRegistered No. 0-1876

(If death occurred in a hospital or institution, St. I 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  
DIVORCED  
UNKNOWN  
Widow11 If married, widowed, or divorced  
HUSBAND of .....  
(Give maiden name of wife in full)  
(or) WIFE of Charles G Pye  
(Husband's name in full)12 AGE 63 Years 0 Months 6 Days If under 24 hours  
Hours Minutes13 Usual Occupation Housewife  
(Kind of work done during most of working life)14 Industry or Business: Own home15 Social Security No. None16 BIRTHPLACE (City), Winthrop  
(State or country) Mass17 NAME OF FATHER Thomas Johnson18 BIRTHPLACE OF FATHER (City), Boston  
(State or country) Mass.19 MAIDEN NAME OF MOTHER Willette Richardson20 BIRTHPLACE OF MOTHER (City), Brooklyn  
(State or country) New York21 Informant Charles G. Pye Jr.(Address) 28 Spring St. Hanson, 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 Health or other)

000762 5/18/66  
(Official Designation) (Date of Issue of permit)

(Registrar)

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

JUL 15 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



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## The Commonwealth of Massachusetts

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KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON  
(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 05380

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

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 Carroll D. LEHANE  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran, *W.W. II*  
if so specify WAR)

(a) Permanent Residence. No. 35 Summit Ave. x Winthrop, Mass.  
(City or town and State)

Length of stay: In place of death, years months -1 days. In place of residence, years 18 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 30 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
May 30 1966, to May 30 1966

~~XXXXXX~~ death is said to

have occurred on the date stated above, at 5:20 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

12 Hrs

Due To Arteriosclerotic heart disease

(b) Yrs

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? No  
If so, specify

(Signature) Leon Menzer, M.D.

(Print or Type Name)

(Address) VAH, Boston, Mass. Date 5-30-1966

6 ST. JOSEPH CEM. W. Roxbury  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 2 1966

7 NAME OF FUNERAL DIRECTOR Daniel F. O'Brien Fun. Home

ADDRESS 907 Mass. Ave., Cambridge, Mass.

Received and filed JUN 3 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED Widowed Married  
DIVORCED UNKNOWN

11 If married, widowed, or divorced  
HUSBAND of Frances Goodman  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 55 Years 8 Months 20 Days If under 24 hours Hours Minutes

13 Usual Occupation Lawyer  
(Kind of work done during most of working life)

14 Industry or Business: SELF-EMPLOYED

15 Social Security No.

16 BIRTHPLACE (City) Cambridge  
(State or country) Mass.

17 NAME OF FATHER Patrick Lehane

18 BIRTHPLACE OF FATHER (City) Cambridge  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Hannah O'Brien

20 BIRTHPLACE OF MOTHER (City) Unknown  
(State or country)

21 Informant V.A. Hospital 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:

001295 Kenneth W. And  
(Signature of Agent of Board of Health or other)

may 31, 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane*  
Clerk

JUL 15 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

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(County)

Jamaica Plain

(City or Town)

PLACE OF DEATH

No. Lemuel Shattuck Hospital

2 FULL NAME. Frances Gilda Grasso

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 154 Read  
(Usual place of abode)St. Winthrop  
(City or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 11 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 1 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
May 6, 19.66, to June 1, 19.66I last saw relative on June 1, 1966, death is said to  
have occurred on the date stated above, at 7:15a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of the left breast

(b) with hepatic and bone  
metastases

(c) Due To

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? operation

5 Was disease or injury in any way related to occupation of deceased No  
If so, specify

(Signature) John Bird Lloyd

John Bird Lloyd

(Print or Type Name)

(Address) Lemuel Shattuck Hosp June 1 19.66

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 4 1966

7 NAME OF FUNERAL DIRECTOR Anthony P. Rapino

ADDRESS 9 Chelsea St. East Boston

Received and filed JUN 3 1966

(Registrar)

The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 05418

(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 Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Married  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Armando Grasso  
(Husband's name in full)12 AGE 51 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 Ht Home

15 Social Security No.

16 BIRTHPLACE (City) Boston  
(State or country)

17 NAME OF FATHER Vincent Mingotti

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Giselda Brandini

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)21 Informant Armando Grasso  
(Address) 154 Read St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) June 1, 1966



A TRUE COPY ATTEST:

*William J. Kane.*  
Clerk Registrar

JUL 15 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

PLACE OF DEATH

Middlesex  
(County)

Melrose

(City or Town)

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Melrose

(City or Town making this return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 129

No. Middlesex Fells Nursing Home (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Leg. Adopted Parent)

2 FULL NAME: Annie Louise Coffin (Pillsbury) Talbot

(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) Permanent Residence. No. 157 Cottage Park Road St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death, 1 years, 1 months, 0 days. In place of residence, 50 years, 0 months, 0 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 30, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1, 1966, to June 30, 1966

I last saw alive on June 20, 1966, death is said to have occurred on the date stated above, at 9 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Adenocarcinoma of rectosigmoid with metastases

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? No  
If so, specify

(Signature) George D. Bissell, Jr., M. D.

(Address) Melrose, Mass. Date June 30, 1966

6 Puritan Lawn West Peabody, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 2, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop Street, Winthrop, Mass.

Received and filed JUL 13 1966

(Registrar of City or Town where deceased resided)

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Uriah Nash Coffin (Husband's name in full)

12 AGE 63 Years 7 Months 15 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 015-18-1693

16 BIRTHPLACE (City) Unable to obtain (State or country) Maine

17 NAME OF FATHER (unable to obtain) Pillsbury

18 BIRTHPLACE OF FATHER (City) Portland (State or country) Maine

19 MAIDEN NAME OF MOTHER (unable to obtain) Richards

20 BIRTHPLACE OF MOTHER (City) Portland (State or country) Maine

21 Informant Mrs. James E. Ducrow

(Address) 14 Cypress Park, Melrose, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 5, 1966

v.B.

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.)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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JUL 13 1966



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



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KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

130

# STANDARD CERTIFICATE OF DEATH

Registered No. ....

1 PLACE OF DEATH  
No. 290 Revere Street  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PHYSICIAN - IMPORTANT

2 FULL NAME Frank Edward Buchanan Sr.  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 290 Revere St. Wintthrop Mass.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 months. days. In place of residence 3 years. months. days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 4, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from NOV. 19.64 to July 4, 1966  
I last saw him alive on July 2, 1966 death is said to have occurred on the date stated above at 7:00 A.M.

### DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Lung 9 mos.  
(b) Due To  
(c)

### OTHER SIGNIFICANT CONDITIONS

Pulmonary Tuberculosis 3 yrs.  
Was autopsy performed? No  
What test confirmed diagnosis? Surgical Pathological

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles L. Bereman, M. D.  
CHARLES L. BEREMAN  
(Print or Type Name)  
(Address) WINTHROP, MASS. Date 7/4/1966

6 Wintthrop Cemetery Wintthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 7 - 1966

7 NAME OF FUNERAL DIRECTOR Margeson Funeral Service, Inc.

ADDRESS 839 Main St. Malden, Massachusetts

Received and filed JUL 5 1966

John A. Cloutier (Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN married

11 If married, widowed, or divorced HUSBAND of Dorothy (Dix)  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

12 AGE 60 Years 3 Months 17 Days If under 24 hours Hours Minutes

13 Usual Occupation: Attendant Danvers State Hospital  
(Kind of work done during most working life)

14 Industry or Business:

15 Social Security No. 705-18-2608

16 BIRTHPLACE (City) Cambridge  
(State or country) Mass.

17 NAME OF FATHER William Henry Buchanan

18 BIRTHPLACE OF FATHER (City) Liverpool  
(State or country) Nova Scotia Canada

19 MAIDEN NAME OF MOTHER Bessie Estey

20 BIRTHPLACE OF MOTHER (City) Fredericton  
(State or country) New Brunswick Canada

21 Informant Wife Mrs Dorothy Dix Buchanan  
(Address) 290 Revere St Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Richard G. Gaffney  
(Signature of Agent of Board of Health or other)  
T. J. Gaffney  
(Official Designation)  
July 5, 1966  
(Date of Issue of Permit)

A TRUE COPY ATTEST:

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 5 '66 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

The Commonwealth of Massachusetts

RM R-301

SUFFOLK

(County)

WINTHROP, MASS.

(City or Town)

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP, MASS.

(City or Town making this return)

PLACE OF DEATH

STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

No. WINTHROP COMMUNITY HOSPITAL

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME ARTHUR E. GARDNER

(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

26 FREMONT ST.

WINTHROP, MASS.

(a) Permanent Residence. No.

St. (City or town and State)

Length of stay: In place of death years months 5 days. In place of residence years months 50 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 4 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from FEB 66 to JULY 4 66

I last saw him alive on JULY 3, 1966, death is said to have occurred on the date stated above, at 5:54 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMATOSIS RESULTANT PARTIAL INTESTINAL OBSTRUCTION 3WKS

Due To TUBERCULOSIS

(b) CARCINOMA OF SIGMOID COLON 3 1/2 YRS

Due To (c) ...

OTHER SIGNIFICANT CONDITIONS GENERAL ARTERIOSCLEROSIS 4 YRS

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL & BIOPSY

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signature) MYRON N. KING, M.D.

MYRON N. KING M.D.  
(Print or Type Name)

(Address) 222 Pleasant St. WINTHROP, MASS. Date JULY 4 66

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 6 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed JUL 5 1966

John A. Clark  
(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced HUSBAND of Georgia Taylor (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 84 Years 6 Months 0 Days If under 24 hours Hours Minutes

13 Usual Occupation Linotype operator (Kind of work done during most of working life)

14 Industry or Business Newspaper

15 Social Security No. 029-01-3417

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER William Gardner

18 BIRTHPLACE OF FATHER (City) Jersey City (State or country) New Jersey

19 MAIDEN NAME OF MOTHER Ruth S Pullen

20 BIRTHPLACE OF MOTHER (City) Freedom (State or country) Maine

21 Informant Georgia Gardner

(Address) 26 Fremont 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 Griffin

(Signature of Agent of Board of Health or other)

Director of Public Health

(Official Designation)

(Date of Issue of Permit) 7/5/66

J.S.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.

JUL 5 '85 PM



OFFICE OF THE TOWN  
WINTHROP, MAS

## The Commonwealth of Massachusetts

RM R-301

SUFFOLK

(County)

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

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)

## STANDARD

## CERTIFICATE OF DEATH

Registered No. ....

PHYSICIAN — IMPORTANT

2 FULL NAME MISS ETHEL I ZEPPERLICK

(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) Permanent Residence. No. 9 LINCOLN ST.,

St. WINTHROP, MASS.

(City or town and State)

Length of stay: In place of death.....years.....months.5.....days. In place of residence.50.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 10 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 4, 1966, to July 10, 1966.  
I last saw her alive on July 9, 1966, death is said to  
have occurred on the date stated above, at 4:22 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Heart Disease

Due To (b) Chronic Schistosomiasis

Due To (c) Hypertension

OTHER SIGNIFICANT CONDITIONS Heart Enlargement

Was autopsy performed? No

What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signature) Richard J. White, M. D.

(Print or Type Name)

(Address) 123 Main St. Date 7-11-1966

6 Woodlawn Cemetery Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 13, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed July 12 1966

John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED Single  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 87 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Retired Proprietor  
(Kind of work done during most of working life)

14 Industry or Business Childrens clothing

15 Social Security No. 012-03-5622

16 BIRTHPLACE (City) Liverpool England  
(State or country)

17 NAME OF FATHER Carl I Zeppernick

18 BIRTHPLACE OF FATHER (City) Germany  
(State or country)

19 MAIDEN NAME OF MOTHER Isabella Gillies

20 BIRTHPLACE OF MOTHER (City) England  
(State or country)

21 Informant Robert G. Zeppernick Jr

(Address) 9 Lincoln 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 J. White (M.D.)

(Signature of Agent of Board of Health or other)

Director of Public Health 7/12/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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.

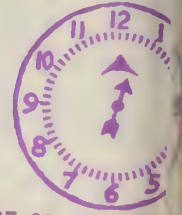
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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 12 1906



OFFICE OF THE TOWN  
CLERK  
J. WINTHROP, MASS.



RM R-301

Burial permit  
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PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 26 Lincoln Street

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWinthrop  
(City or Town making this return)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 Robert Howard Collignon  
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a  
U. S. War Veteran,  
if so specify WAR) W.W.1(a) Permanent Residence. No. 26 Lincoln St. Winthrop, Mass.  
(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 17, 1966  
(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 2:00 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due

(b) to natural causes.

(c) Winthrop Board of Health  
Charles Liberman M.D.OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles Liberman M.D.

(Print or Type Name)  
(Address) WINTHROP, MASS. Date 7/17/19666 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 20, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed JUL 20 1966

A TRUE COPY ATTEST

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED married  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Catherine Anna Day  
(Give maiden name of wife in full)(or) WIFE of.....  
(Husband's name in full)12 AGE 68 years 2 Months 9 Days If under 24 hours  
Hours Minutes13 Usual Occupation Retired Marine Electrician  
(Kind of work done during most of working life)

14 Industry or Business U.S. Merchant Marine

15 Social Security No. 072-07-4571

16 BIRTHPLACE (City) Buffalo  
(State or country) New York

17 NAME OF FATHER Leon Collignon

18 BIRTHPLACE OF FATHER (City) Buffalo  
(State or country) New York

19 MAIDEN NAME OF MOTHER Florence Douding

20 BIRTHPLACE OF MOTHER (City) Buffalo  
(State or country) New York

21 Informant Mrs. Robert H. Collignon

(Address) 26 Lincoln 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 Gifford  
(Signature of Agent of Board of Health or other)Director of Public Health 7/20/66  
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE...September 6, 1917.....

DATE OF DISCHARGE.....May 18 1918.....

RANK, RATING .....Seaman 1C.....

ORGANIZATION AND OUTFIT.....U. S. Navy.....

SERVICE NUMBER.....155 32 25.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. **134**

PLACE OF DEATH

SUFFOLK  
(County)

WINTHROP  
(City or Town)



No. WINTHROP COMMUNITY HOSPITAL

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME **FRANK J. DUFFY**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, W W #1 if so specify WAR)

(a) Permanent Residence. No. **141 COTTAGE PARK RD.**, st. **WINTHROP, MASS.**  
(City or town and State)

Length of stay: In place of death, years, months, days. In place of residence, years, months, days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **JULY 17 1966**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **JAN**, 19**52**, to **JULY 17**, 19**66**

I last saw him alive on **JULY 17, 1966**, death is said to have occurred on the date stated above, at **3:30 P.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **CHRONIC EPHYSEMITIS & FIBROSIS OF LUNG & CHRONIC BRONCHITIS** 15 YRS

Due To **BRONCHITIS**

(b) **AND - ARTERIO SCLEROTIC**

(c) **HEART DIS - CONGESTIVE FAILURE** 2 YRS

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? **No**

What test confirmed diagnosis? **CHEMICAL & X-ray**

5 Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify

(Signature) **Myron H. King**, M. D.

(Print or Type Name)

(Address) **WINTHROP, MASS.** Date **7/17 1966**

6 **Holy Cross Malden Mass**  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **July 20, 1966**

7 NAME OF FUNERAL DIRECTOR **Arthur J. O'Maley**

ADDRESS **Winthrop, Mass.**

Received and filed **JUL 18 1966**

A TRUE COPY ATTEST:

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word) **Single**  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE **71** Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation **Retired Cashier**  
(Kind of work done during most of working life)

14 Industry or Business: **M.T.A.**

15 Social Security No. **029-09-2134**

16 BIRTHPLACE (City) **Chelsea**  
(State or country) **Mass**

17 NAME OF FATHER **William Duffy**

18 BIRTHPLACE OF FATHER (City) **Lowell**  
(State or country) **Mass.**

19 MAIDEN NAME OF MOTHER **Delia Mc Queeney**

20 BIRTHPLACE OF MOTHER (City) **Ireland**  
(State or country)

21 Informant **Grace Laidlaw**

(Address) **141 Cottage Park Rd.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

**Richard Griffin B.**  
(Signature of Agent of Board of Health or other)

Director of Public Health **7/18/66**  
(Official Designation) (Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....5-13-18.....

DATE OF DISCHARGE.....7-22-19.....

RANK, RATING.....Ships Cook 4 Th Class.....

ORGANIZATION AND OUTFIT.....U. S. Navy.....

SERVICE NUMBER.....132-07-90.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

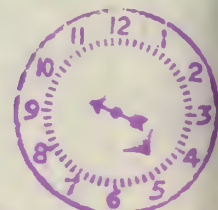
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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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.

JUL 18 1866 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP MASS

(City or Town)

No. 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. ....

PHYSICIAN — IMPORTANT

2 FULL NAME ANGELO SCARAMOZZA

(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) Permanent Residence. No. 10 ROSE STREET. St. REVERE MASS

(City or town and State)

Length of stay: In place of death. 14 years. 50 months. 8 days. In place of residence. 50 years. 8 months. 8 days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 19 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 2 1966, to July 19 1966

I last saw him alive on July 19, 1966, death is said to have occurred on the date stated above, at 4:20 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Adenocarcinoma Colon  
e metastasis

(b) Due To

(c) Due To

INTERVAL BETWEEN ONSET AND DEATH  
1 month

OTHER SIGNIFICANT CONDITIONS Left ventricle enlargement. Atherosclerosis Right Lung

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Stanley Grande M.D.

(Print or Type Name) STANLEY GRANDE M.D.

(Address) 20 ANATOMY ST. CHS. 082 7/19/66

6 Holy Cross Cem. Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 22, 1966

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 Revere St Revere

Received and filed July 20 1966 John A. Clark

A TRUE COPY ATTEST

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Single

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 50 Years 8 Months 8 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. 013-07-3410

16 BIRTHPLACE (City) Revere, Mass. (State or country)

17 NAME OF FATHER Joseph Scaramozza

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Antonetta Ferrara

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Joseph Scaramozza

(Address) 10 Rose St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (M.D.) (Signature of Agent of Board of Health or other)

Director of Public Health 7/20/66 (Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

---

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWinthrop  
(City or Town making this return)STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 38 Locust

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Edna Winnifred Aulis (Sanders)  
(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) Permanent Residence. No. 38 Locust St. Winthrop, Mass.  
(City or town and State)

Length of stay: In place of death 27 years.....months.....days. In place of residence 27 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 21 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....I last saw h.....alive on....., 19....., death is said to  
have occurred on the date stated above, at 1:15 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due

Due To to natural causes.

(b) Winthrop Board of Health

OTHER  
SIGNIFICANT  
CONDITIONS Charles Liberman and

Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles Liberman, M. D.

(Address) WINTHROP, MASS. Date 7/22/1966  
(Print or Type Name)6 Cedar Grove Cemetery, Dorchester  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 23, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUL 22 1966 19.....

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
MARRIED Widowed  
WIDOWED  
DIVORCED  
UNKNOWN

Female White

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles Henry Aulis  
(Husband's name in full)12 AGE 88 Years 3 Months 9 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. 029-40-1612

16 BIRTHPLACE (City) Compton  
(State or country) Quebec

17 NAME OF FATHER Charles Sanders

18 BIRTHPLACE OF FATHER (City) Canada  
(State or country)

19 MAIDEN NAME OF MOTHER Carr

20 BIRTHPLACE OF MOTHER (City) Canada  
(State or country)

21 Informant Mrs. Lawrence S. Burke

(Address) 38 Locust St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Heffner (M.D.)  
(Signature of Agent of Board of Health or other)Director of Public Health 7/22/1966  
(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.

22 '66 PM



OFFICE OF TOWN  
 WINTHROP, MA

## The Commonwealth of Massachusetts

137

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 44 Tileston Rd.

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME George J. Molloy  
(If deceased 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) Permanent Residence. No. 44 Tileston Rd. St. Winthrop

(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 July 21 1966  
(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 8:05 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due

(b) Due To natural causes

(c) Due To Winthrop Board of Health

OTHER SIGNIFICANT CONDITIONS

Charles Liberman M.D.

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles Liberman, M.D.

Charles Liberman

(Address) 238 Shore Dr. Winthrop Date 7 22 1966

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 25 1966

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.

ADDRESS 917 Bennington St. E. Boston

Received and filed John A. Clark 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED Married  
WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced HUSBAND of Clara Gould  
(Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

12 AGE 64 years.....Months.....Days If under 24 hours  
Hours.....Minutes

13 Usual Occupation Rigger  
(Kind of work done during most of working life)

14 Industry or Business Boston Naval Ship Yard

15 Social Security No. ....

16 BIRTHPLACE (City) Newfoundland  
(State or country)

17 NAME OF FATHER James John Molloy

18 BIRTHPLACE OF FATHER (City) Newfoundland  
(State or country)

19 MAIDEN NAME OF MOTHER Mary A. Grace

20 BIRTHPLACE OF MOTHER (City) Newfoundland  
(State or country)

21 Informant Mrs. Clara Molloy (wife)

(Address) 44 Tileston Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin  
(Signature of Agent of Board of Health or other)  
Director of Public Health July 22, 1966  
(Official Designation) (Date of Issue of Permit)

James Molloy - 5070 - 5-77



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 22 '06



OFFICE OF THE COMMISSIONER OF HEALTH  
BOSTON, MASS.

burial permit  
of Health  
Agent.

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Nursing Home

2 FULL NAME Harry Weiner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 53 Trident Avenue

(Usual place of abode)

St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death. years. months. 24 days. In place of residence. 9 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 27 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Jan 58 to July 27 1966

I last saw him alive on July 26 1966, death is said to have occurred on the date stated above, at 3:30 A.M.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arterio-sclerotic Heart 2 yrs

(b) Due To Disease

(c) Due To

## OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles Liberman, M.D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS. Date 7/27/1966

6 Kaminker Cemetery, West Roxbury

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 27 1966

7 NAME OF FUNERAL DIRECTOR Murray Goldman

ADDRESS 174 Ferry St., Malden

Received and filed JUL 28 1966

(Registrar)

A TRUE COPY ATTEST:

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

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

## PERSONAL AND STATISTICAL PARTICULARS

|               |                  |                                                                                 |
|---------------|------------------|---------------------------------------------------------------------------------|
| 8 SEX<br>Male | 9 COLOR<br>White | 10 SINGLE (write the word)<br>MARRIED<br>WIDOWED Married<br>DIVORCED<br>UNKNOWN |
|---------------|------------------|---------------------------------------------------------------------------------|

11 If married, widowed or divorced  
HUSBAND of William Greenfield

(Give maiden name of wife in full)

(or) WIFE of .....  
(Husband's name in full)12 AGE 78 Years 11 Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Merchant-(Self Employed)  
(Kind of work done during most of working life)

14 Industry or Business Retired

15 Social Security No. 024-10-5708

16 BIRTHPLACE (City) LUBA  
(State or country) RUSSIA

17 NAME OF FATHER BARNEY WEINER

18 BIRTHPLACE OF FATHER (City) UNKNOWN  
(State or country) RUSSIA

19 MAIDEN NAME OF MOTHER UNKNOWN

20 BIRTHPLACE OF MOTHER (City) UNKNOWN  
(State or country) UNKNOWN21 Informant Jack Becker  
200 South St., Brookline  
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (9)  
(Signature of Agent of Board of Health or other)  
Director of Public Health 7/27/66  
(Official Designation) (Date of Issue of Permit)

V.B.

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.

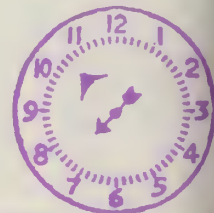
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28 '66 AM



OFFICE OF THE CLERK  
 WINTHROP, MASS.



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PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 105 Grovers Ave.,

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. ....

PHYSICIAN — IMPORTANT

2 FULL NAME George R. O'Brien  
(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. 105 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 July 28, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
April, 1964 to July 28, 1966  
I last saw him live on July 28, 1966, death is said to  
have occurred on the date stated above, at 10:30 P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
1 hr.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Coronary Occlusion

(b) Hypertensive - Arteriosclerotic Syrs

(c) Heart Disease

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 7/29/1966

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 1, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed 1966  
John A. Clark (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 Mary M. Gallagher  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years.....Months.....Days If under 24 hours  
Hours.....Minutes13 Usual Occupation: (Retired) Estimator  
(Kind of work done during most of working life)

14 Industry or Business: Steel

15 Social Security No. 012-14-4970

16 BIRTHPLACE (City) East Boston  
(State or country) Mass

17 NAME OF FATHER John B. O'Brien

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass

19 MAIDEN NAME OF MOTHER Catherine M. Barry

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass21 Informant Mary M. O'Brien  
(Address) 105 Grovers AveI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
Richard Griffin (Signature of Agent of Board of Health or other)  
T. J. Griffin (Official Designation) 8/1/66 (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.

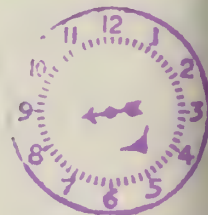
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

AUG 1 - '66 PM



WINTHROP, MASS.

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

WINTHROP, MASS.  
 (City or Town making this return)

STANDARD  
 CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

SUFFOLK  
 (County)

WINTHROP  
 (City or Town)

No. WINTHROP COMMUNITY HOSPITAL St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME RALPH DISCEPOLO  
 (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

924 No. SHORE ROAD

REVERE, MASSACHUSETTS

(a) Permanent Residence. No. .... St. ....  
 (City or town and State)

Length of stay: In place of death ..... years ..... months 1 days. In place of residence 25 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 29 1966  
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 22, 1966 to July 29, 1966  
 I last saw him on July 29, 1966, death is said to have occurred on the date stated above, at 1:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis  
 (b) Cancer Right Lung  
 (c) 1 yr.

INTERVAL  
 BETWEEN  
 ONSET AND  
 DEATH

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? No  
 What test confirmed diagnosis Surgical, Pathological

5 Was disease or injury in any way related to occupation of deceased? No  
 If so, specify

(Signature) Charles Liberman M. D.  
CHARLES LIBERMAN  
 (Print or Type Name)

(Address) WINTHROP, MASS. Date 7/29/1966

6 ST. MICHAELS BOSTON MASS  
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 1 19 66

7 NAME OF FUNERAL DIRECTOR ERNEST P CAGGIANO

ADDRESS 147 WINTHROP ST. WINTHROP

Received and filed AUG 1 1966 19 66

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word) MARRIED  
 MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed or divorced, HUSBAND of ALICE  
 (Give maiden name of wife in full)

(or) WIFE of .....  
 (Husband's name in full)

12 AGE 73 Years 5 Months 4 Days If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation TAILOR  
 (Kind of work done during most of working life)

14 Industry or Business: SELF EMP.

15 Social Security No. 023-22-6619

16 BIRTHPLACE (City) ITALY  
 (State or country)

17 NAME OF FATHER JERRY DISCEPOLO

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 MARY POLINO  
922N. SHORE RD. REVE RE  
 (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (Signature of Agent of Board of Health or other)

Director of Public Health 7/29/66  
 (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.

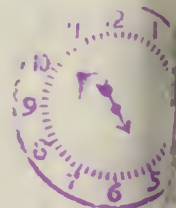
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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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.

AUG 1 - '66



Office

WINN P. M.

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## The Commonwealth of Massachusetts

141

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 1015 SHIRLEY

(If death occurred in a hospital or institution,  
St. I give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

REV JOHN D. HAUSMAN

(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) Permanent Residence. No.

1015 SHIRLEY

St. WINTHROP

(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 JULY 29 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 29, 1966, to, 1966.

I last saw him on July 29, 1966, death is said to

have occurred on the date stated above, at 8:07 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Massive Myocardial Infarctimed  
minutes

(b) Due To Coronary Sclerosis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 yrs

(c) Due To

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

(Signature) John F. Peri M.D.

JOHN F. PERI M.D.  
821 (Print name) Street,  
(Address) East Boston, Mass. Date 7/30/666 MT CALVARY BOSTON  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUGUST 2, 1966

7 NAME OF FUNERAL DIRECTOR HAROLD L. ONEIL

ADDRESS 405 WASHINGTON ST. DOOR

Received and filed AUG 1 1966

John A. Clark

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
MALE WHITE MARRIED  
WIDOWED SINGRE  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 AGE 51 Years. Months. Days If under 24 hours  
Hours. Minutes

13 Usual Occupation CATHOLIC PRIEST

(Kind of work done during most of working life)

14 Industry or Business ARCHDIOCESE OF BOSTON

15 Social Security No.

16 BIRTHPLACE (City) BOSTON MASS  
(State or country)

17 NAME OF FATHER JOHN H. HAUSMAN

18 BIRTHPLACE OF FATHER (City) BOSTON MASS  
(State or country)

19 MAIDEN NAME OF MOTHER FLORENCE L. DUGAN

20 BIRTHPLACE OF MOTHER (City) BOSTON MASS  
(State or country)21 Informant ROMAN CATHOLIC ARCHDIOCESE  
CHANCERY OFFICE

(Address) 2121 COMMONWEALTH AVE BRIGHTON

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin  
(Signature of Agent of Board of Health or other)  
Director of Public Health 8/1/66  
(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.

1 - 66 21  
11 12  
WINTHROP, MASS.



Suffolk

(County)

Winthrop Mass

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Rose DiChiara DiChiara  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Permanent Residence. No. 962 Bennington St. East Boston, Mass.  
(City or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 31 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from June 19 1966 to July 31 1966  
I last saw him alive on July 31 1966 death is said tohave occurred on the date stated above, at 1:30 PM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary occlusionDue To (b) arterio-sclerosis - groupDue To (c) Diabetes mellitusOTHER  
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(Signature) Joseph Gregorie M. D.

(Print or Type Name)

(Address) 197 Washington St. Boston Date 7-31 19666 St. Michael Cemetery Boston  
Place of Burial or Cremation (City or Town)DATE OF BURIAL August 4 19667 NAME OF FUNERAL DIRECTOR Anthony P. RapinoADDRESS 9 Chelsea St., East Boston, Mass.Received and filed AUG 2 1966 19.

A TRUE COPY ATTEST:

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

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)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED married  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of .....

(or) WIFE of Ralph DiChiara (Give maiden name of wife in full)

(Husband's name in full)

12 AGE 69 Years.....Months.....Days If under 24 hours  
Hours.....Minutes13 Usual Occupation Housewife  
(Kind of work done during most of working life)14 Industry or Business: at home15 Social Security No. 010-24-367716 BIRTHPLACE (City)...  
(State or country) Italy17 NAME OF FATHER Alvaro Rossetti18 BIRTHPLACE OF FATHER (City)...  
(State or country) Italy19 MAIDEN NAME OF MOTHER Carmela Erigo20 BIRTHPLACE OF MOTHER (City)...  
(State or country) Italy21 Informant Ralph DiChiara (husband)(Address) 962 Bennington St., E. Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Cullen  
(Signature of Agent of Board of Health or other)Director of Public Health Aug 2, 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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.

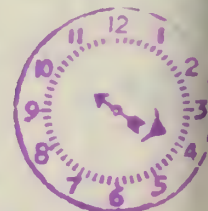
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

AG 2 - 66 PM



OFFICE OF THE TOWN CLERK

WINTHROP, MASS.



burial permit  
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PLACE OF DEATH

OUT - OF - TOWN

Suffolk  
(County)Boston  
(City or Town)

No. Hahneman Hospital

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHBOSTON  
(City or Town making this return)

143

Registered No. 06290

(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) 102 FULL NAME Edward M. Furniss  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 155 Woodside Avenue  
(Usual place of abode)St. Winthrop, Mass  
(If nonresident, give city or town and State)

Length of stay: In place of death year 2 months days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 26, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Jan 6, 1966, to June 26, 1966.  
I last saw him live on June 26, 1966, death is said to  
have occurred on the date stated above, at 2:15 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Prostate

(b) Due To &amp; Uremia

(c) Due To

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Pathology Exam5 Was disease or injury in any way related to occupation of deceased?  
If so, specify No(Signature) Samuel I. Vose, M. D.  
Samuel I. Vose  
(Print or Type Name)  
(Address) 29 Bay State Rd. Date 6-26-1966  
Boston6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 29, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed JUN 29 1966

William J. Kane (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED Married  
DIVORCED UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Marie Fitzpatrick  
(Give maiden name of wife in full)(or) WIFE of (Husband's name in full)  
12 AGE 65 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Retired Auditor  
(Kind of work done during most working life)

14 Industry or Business: U.S. Army Engineers

15 Social Security No. 015-20-3137

16 BIRTHPLACE (City) Boston, Mass  
(State or country)

17 NAME OF FATHER Edward J. Furniss

18 BIRTHPLACE OF FATHER (City) Boston, Mass  
(State or country)

19 MAIDEN NAME OF MOTHER Katherine Donnellan

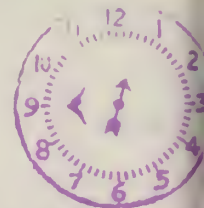
20 BIRTHPLACE OF MOTHER (City) Boston, Mass  
(State or country)21 Informant Marie Furniss  
(Address) 155 Woodside Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued.(Signature of Agent of Board of Health or other)  
Date of Issue of Permit 6/29/66



A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

AUG 17 '66 AM



OFFICE OF THE TOWN  
CLERK  
WINTHROP, MASS.

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Foxborough  
(City or Town making this return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 144

PLACE OF DEATH

Norfolk  
(County)

Foxborough  
(City or Town)

No. Foxborough State Hospital

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME Euphoria (Perro) Keay  
(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) Permanent Residence. No. 5 Sagamore Avenue, St. Winthrop, Mass.

Cannot be learned (City or town and State)

Length of stay: In place of death 11 years 10 months 29 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 19 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 20, 1966, July 19, 1966  
I last saw her alive on July 18, 1966, death is said to  
have occurred on the date stated above, 8:25 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute coronary thrombosis yrs.

Due To  
(b)

Chronic myocardial disease yrs.

OTHER SIGNIFICANT CONDITIONS Generalized arteriosclerosis yrs.

Was autopsy performed? No

What test confirmed diagnosis? Clin.-lab. findings

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Teresita Carteciano, M. D.

(Address) Foxborough, Mass. Date July 19 1966

Mayflower Cemetery Taunton, Mass.  
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL July 22 1966

7 NAME OF FUNERAL DIRECTOR John J. Hurley

ADDRESS 134 So. Main St., Randolph, Mass.

Received and filed AUG 15 1966 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 DIVORCED UNKOWN

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles W. Keay (Husband's name in full)  
12 Age 34 Years 3 Months 20 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Taunton (State or country) Mass.

17 NAME OF FATHER William H. Perro

18 BIRTHPLACE OF FATHER (City) Taunton (State or country) Mass.

19 MAIDEN NAME OF MOTHER Sarah Eatough

20 BIRTHPLACE OF MOTHER (City) Taunton (State or country) Mass.

21 Informant Foxborough State Hospital Record

(Address) Foxborough, Mass.

A TRUE COPY

Mildred J. Shannon - Agent Board of Health  
(Registrar of City or Town where death occurred)

DATE FILED 7-19-66 19

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED STAMPS

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.)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

AUG,



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON 145  
(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 06787

Suffolk  
(County)

Boston  
(City or Town)

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 Melville C. HARRINGTON  
(If deceased is a married, widowed, divorced, or single, give appropriate name.)

((Was deceased a WWII  
U. S. War Veteran,  
if so, specify WAR) Korean

(a) Permanent Residence. No. 138 Kimball Ave. x Revere, Mass.

(City or town and State)

Length of stay In place of death years months days 8

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 DATE OF DEATH July 8 1966  
(Month) (Day) (Year)

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
DIVORCED  
UNKNOWN

4 I HEREBY CERTIFY, that VA notified deceased on  
June 30 1966 to July 8 1966

11 If deceased was widow of a deceased  
HUSBAND of Mary Leardo  
(Give maiden name of wife in full)

have occurred on the date stated above, at 6:30 pm

(or) WIFE of (Husband's name in full)

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

1. AGE 48 ON 13 If under 24 hours  
Hours Minutes

(a) Myocardial infarction

15 Usual Occupation Warehouseman  
(Kind of work done during most of working life)

Due To (b)

14 Industry Business

Due To (c)

15 Social Security No. 017-14-4371

OTHER SIGNIFICANT CONDITIONS Chronic bronchial asthma Yrs

16 BIRTHPLACE (City) Charlestown  
(State or country) Mass.

Was autopsy performed? No

17 NAME OF FATHER Melville Harrington

What test confirmed diagnosis Clinical & laboratory findings

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass.

5 Was disease or injury in any way related to occupation of deceased  
If so, specify No

19 MAIDEN NAME OF MOTHER Helen Gallagher

(Signature) Michael Lufsky M. D.

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass.

(Address) BAH, Boston, Mass. Date 7-8-1966

21 Informant V.A. Hospital Records  
150 S. Huntington Ave.  
Boston, Mass.

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 12 1966

7 NAME OF FUNERAL DIRECTOR Murray & Murray, Inc.  
262 Beach St.  
Revere, Mass.

ADDRESS

Received and filed JUL 13 1966

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
D18730 Bernethu, Harold  
(Signature of Agent of Board of Health or other)

William J. Deane (Registrar)

(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

SEP 6 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

FORM R-301

OUT - OF - TOWN  
SUFFOLK

(County)

CHELSEA

(City or Town)

PLACE OF DEATH

No. CHELSEA JEWISH NURSING HOME

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 390

(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) NO2 FULL NAME MRS. DORA (MILLER) GANZ  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 10 MYRTLE AVENUE x WINTHROP, MASS.

(City or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 20 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 23 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from  
JAN. 1965 to JULY 23 1966I last saw her alive on JULY 22 1966, death is said to  
have occurred on the date stated above, at 12:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF RECTUM

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
14R.

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

SENILITY

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

(Signature) ISAAC GOLDEN, M. D.

(Print or Type Name)

(Address) 284 Chelsea St., Date 7/24 1966  
Chelsea, Mass.

6 Rabbi Isaac Elchonin, Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 24, 1966

7 NAME OF FUNERAL DIRECTOR Torf Funeral Service, Inc (Address)

ADDRESS 151 Washington Ave., Chelsea

Received and filed July 26 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Widowed

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Samuel Ganz

(Husband's name in full)

12 AGE 85 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) Lithuania  
(State or country)

17 NAME OF FATHER David Miller

18 BIRTHPLACE OF FATHER (City) Lithuania  
(State or country)

19 MAIDEN NAME OF MOTHER Gertrude (CBL)

20 BIRTHPLACE OF MOTHER (City) Lithuania  
(State or country)21 Informant Mr. Israel Ganz (son)  
10 Myrtle Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Donald F. Reardon  
(Signature of Agent of Board of Health or other)Health Dept  
(Official Designation)7/24/66  
(Date of Issue of Permit)

JUL 28 1966

OM-55-941327



A TRUE COPY ATTEST:

*John P. Dals*  
City Clerk

AUG 18 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

FORM R-301

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSChelsea

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATHRegistered No. 394

OUT-OF-TOWN

Suffolk  
(County)Chelsea  
(City or Town)No. Soldiers' Home Hospital{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

John Charles KELLY

PHYSICIAN — IMPORTANT

2 FULL NAME. John Charles Kelly  
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a  
U. S. War Veteran,  
if so specify WAR.) W. W. E.(a) Permanent Residence. No. 49 BartlettRd Winthrop, Mass.  
(City or town and State)Length of stay: In place of death 2 years 0 months 28 days. In place of residence 5 years 0 months 0 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 27 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
7/19 1966, to 7/27 1966I last saw him alive on 7/27 1966 death is said tohave occurred on the date stated above, at 2:53 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarctionINTERVAL  
BETWEEN  
ONSET AND  
DEATH

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? NoWhat test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Michel Sultan, M.D.)(Signature) Michel Sultan, M. D.MICHEL SULTAN

(Print or Type Name)

(Address) Soldiers' Home Hosp. Date July 27, 19666 Winthrop Cem. Winthrop, Mass.  
Place of Burial or Cremation (City or Town)DATE OF BURIAL July 30 19667 NAME OF FUNERAL DIRECTOR Maurice W. KirbyADDRESS 210 Winthrop St., WinthropReceived and filed July 27 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX M. 9 COLOR W. 10 SINGLE (write the word)MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed or divorced

HUSBAND of Carl Bato  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)12 AGE 66 Years 8 Months 1 Days  
If under 24 hours  
Hours Minutes13 Usual Occupation Custodian  
(Kind of work done during most of working life)14 Industry or Business Not known15 Social Security No. 026-38-633016 BIRTHPLACE (City) East Boston  
(State or country) Mass.17 NAME OF FATHER Michael Kelly18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)19 MAIDEN NAME OF MOTHER Mary Loughly20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass.21 Informant Chelsea Soldiers' Home Hosp. Records(Address) 91 Crest Ave., Chelsea, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Michel Sultan, M.D.  
(Signature of Agent of Board of Health or other)

Agent

July 27, 1966

(Official Designation)

(Date of Issue of Permit)

U 18 1966

A TRUE COPY ATTEST:

*John P. Davis*

City Clerk

AUG 10 '66 AM



CITY CLERK  
WINDHROP, MASS.

ENTERED 4/29/13  
DISCHARGED 9/30/21  
RANK Shipfitter 1/c  
OUTFIT U.S.N.R.R.  
SERVICE NO. 101 9118



PLACE OF DEATH

SUFFOLK  
(County)  
WINTHROP

(City or Town)

No.

HOWARD WALKER

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

620 SHIRLEY ST.

(a) Permanent Residence. No.

WINTHROP, MASS

(City or town and State)

Length of stay: In place of death. 4 years. months. days. In place of residence. 2 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

August 5, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, that I attended deceased from  
August 1, 1966 to August 5, 1966  
I last saw him on August 5, 1966 death is said to  
have occurred on the date stated above, at 10:55 AM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 days

Due To Atherosclerotic Heart Disease

Due To?

OTHER  
SIGNIFICANT  
CONDITIONS

Diode 491 11000 5000 4.5 kV  
Rhomboid 400 400 400 400

Was autopsy performed?

What test confirmed diagnosis? Path and 3/11/66

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles Liberman M. D.

CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS Date 8/5/1966

6 WINTHROP

Place of Burial or Cremation

WINTHROP

(City or Town)

DATE OF BURIAL Aug 8 1966

7 NAME OF FUNERAL DIRECTOR

Ernest P. Maggiano

ADDRESS 147 WINTHROP ST WINTHROP

Received and filed

AUG 8 1966  
John A. Clark

(Registrar)

A TRUE COPY ATTEST:

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS



WINTHROP

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

WINTHROP COMMUNITY HOSPITAL

Registered No. 148

(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

WH

10 SINGLE (write the word)

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

DIVORCED

11 If married, widowed, or divorced HUSBAND of Patricia Lee

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE

49 Years 8 Months 19 Days

If under 24 hours

Hours Minutes

13 Usual Occupation

Radio Tech.  
(Kind of work done during most of working life)

14 Industry or Business

Radio

15 Social Security No.

023-09-9707

16 BIRTHPLACE (City)

Quincy, Mass

17 NAME OF FATHER

John Walker

18 BIRTHPLACE OF FATHER (City)

Scotland

19 MAIDEN NAME OF MOTHER

Grace Cody

20 BIRTHPLACE OF MOTHER (City)

East Weymouth, Mass

21 Informant

Delma Walker

(Address) 620 Shirley St Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin

(Signature of Agent of Board of Health or other)

Director Public Health - 8/6/66

(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.

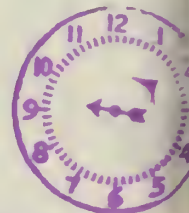
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

AUG 3 '66 PM



OFFICE OF THE TOWN  
 WINTHROP, MASS



RM R-301

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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 149

PLACE OF DEATH

SUFFOLK  
(County)

WINTHROP  
(City or Town)

No. 12 PARK AVE.

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME FREDERICK L GILLIS  
(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) Permanent Residence. No. 12 PARK AVE St. WINTHROP  
(Usual place of abode) (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 6 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased, from  
JAN 25 1962, to AUG 6 1966

I last saw him alive on AUG 5 1966 death is said to  
have occurred on the date stated above, at 735 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INFARCTION 5 MIN

Due To ARTERIO-SCLEROTIC HEART 4 1/2 yrs.

(b) CENTRAVENTRICULAR BLOCK DIS.

Due To GENERAL ARTERIO-SCLEROSIS 4 1/2 yrs.

OTHER SIGNIFICANT CONDITIONS ~~DIABETES MELLITUS~~ (ink.)

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

(Signature) Myron N. King M. D.  
MYRON N. KING M.D.  
(Print or Type Name)

(Address) WINTHROP, MASS Date 8/8 66

6 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 10 1966

7 NAME OF FUNERAL DIRECTOR MAURICE W. MURPHY

ADDRESS WINTHROP

Received and filed AUG 8 1966

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced  
HUSBAND of HELEN M. MURRAY  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

12 AGE 57 Years... Months... Days If under 24 hours  
Hours... Minutes

13 Usual Occupation REPORTER  
(Kind of work done during most of working life)

14 Industry or Business NEWSPAPER

15 Social Security No. 011-01-9532

16 BIRTHPLACE (City) EAST BOSTON  
(State or country) MASS

17 NAME OF FATHER FREDERICK A GILLIS

18 BIRTHPLACE OF FATHER (City) EAST BOSTON  
(State or country)

19 MAIDEN NAME OF MOTHER MARY L MCCORMACK

20 BIRTHPLACE OF MOTHER (City) EAST BOSTON  
(State or country) MASS

21 Informant MRS HELEN M GILLIS

(Address) 12 PARK AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin P.  
(Signature of Agent of Board of Health or other)

Director of Public Health 8-8-66  
(Official Designation) (Date of Issue of Permit)

V.111



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.

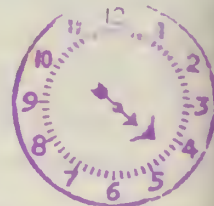
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

AUG 8 86 PM



OFFICE OF THE CLERK  
WINTHROP, MASS.

RM R-301

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 150

No. WINTHROP COMMUNITY HOSPITAL

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME MRS. HARRIET M. BERNHARDT (BRUYA)  
(If deceased 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) Permanent Residence. No. 250 SHORE DR.  
(Usual place of abode)

St. WINTHROP, MASS.

(City or town and State)

Length of stay: In place of death ~~2~~ years.....months.....2 days. In place of residence 10 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 11 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Aug 12, 1966 to Aug 11, 1966  
I last saw relative on Aug 11, 1966 death is said to  
have occurred on the date stated above, at 2:26 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cirrhosis of liver 2 yrs.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Histology

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signature) CHARLES L. BERNHARDT, M. D.

(Print or Type Name)

(Address) WINTHROP, MASS. Date 8/11/66

6 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 13 1966

7 NAME OF FUNERAL DIRECTOR MAURILE W KIRBY

ADDRESS WINTHROP

Received and filed AUG 12 1966

John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

FEMALE WHITE MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN MARRIED

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of LEONARD BERNHARDT  
(Husband's name in full)

12 AGE 40 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) NEWTON  
(State or country) MASS

17 NAME OF FATHER HOWARD A BRUYA

18 BIRTHPLACE OF FATHER (City) MIDDLEBURY  
(State or country) VT.

19 MAIDEN NAME OF MOTHER LOUISE BERTSCH

20 BIRTHPLACE OF MOTHER (City) NEEDHAM  
(State or country) MASS

21 Informant LEONARD BERNHARDT  
(Address) 250 SHORE DR. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin, Jr.  
(Signature of Agent of Board of Health or other) 8/12/66  
Director of Public Health  
(Official Designation) (Date of Issue of Permit) V.I.V.

A TRUE COPY ATTEST

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.

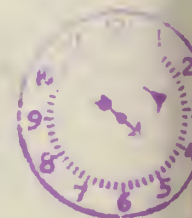
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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 12 '66 AM



OFFICE  
 WINTHROP MASS



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## The Commonwealth of Massachusetts

SUFFOLK

(County)

WINTHROP

(City or Town)

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

151

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 ROBERT A. KELLEY  
(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) Permanent Residence. No. 26 TAFTS AVE.

St. WINTHROP, MASS.

(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 11 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
June 1965, to August 11, 1966.I last saw him alive on August 11, 1966, death is said to  
have occurred on the date stated above, at 1:25 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary occlusion

Due To

(b) Coronary occlusion

Due To

(c) Coronary occlusion

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

(Signature) [Signature] M. D.

(Print or Type Name) [Name]

(Address)

Date

1966

6 WINTHROP

Place of Burial or Cremation

WINTHROP

(City or Town)

DATE OF BURIAL AUG 16

1966

7 NAME OF FUNERAL DIRECTOR MAURICE W KIRBY

ADDRESS

WINTHROP

Received and filed

AUG 12 1966

19

A TRUE COPY ATTEST:

John A. [Signature]

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MALE

WHITE

MARRIED

WIDOWED

DIVORCED

UNKNOWN

MARRIED

11 If married, widowed, or divorced

HUSBAND of ETHEL E BRIGBY

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE

58

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

WHOLESALE MEAT

15 Social Security No.

021-01-0468

16 BIRTHPLACE (City)

ROXBURY, DORCHESTER

(State or country)

MASS

17 NAME OF

FATHER

JOHN J KELLEY

18 BIRTHPLACE OF

FATHER (City)

ROX

(State or country)

MASS

19 MAIDEN NAME

OF MOTHER

LOUISE GUINASSO

20 BIRTHPLACE OF

MOTHER (City)

BOSTON

(State or country)

MASS

21 Informant ETHEL E KELLEY

(Address)

26 TAFTS AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin

(Signature of Agent of Board of Health or other)

Director of Public Health

(Official Designation)

8/12/66

(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.

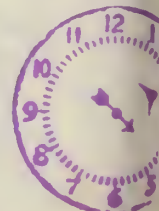
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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

368 Main Street

No. \_\_\_\_\_



STANDARD  
CERTIFICATE OF DEATH

Registered No. 152

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME George Walker Thompson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

368 Main Street

(a) Residence. No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_

(City or town and State)

Length of stay: In place of death 29 years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence 46 years \_\_\_\_\_ months \_\_\_\_\_ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 11 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 19 1963 to Aug. 11 1966

I last saw him alive on Aug. 10 1966 death is said to have occurred on the date stated above, at 304 m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cor. Pulmonale

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 1/2 yrs

Due To (b) Emphysema

Due To (c) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS Pulmonary Fibrosis

Was autopsy performed? No  
What test confirmed diagnosis? X-Rays ECG

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signature) H. B. Greenfield, M. D.  
(Address) 447 Shibley St. Winthrop Date Aug. 11 1966

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 13 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass.

Received and filed \_\_\_\_\_ 19 \_\_\_\_\_

AUG 12 1966

John A. Clark Registrar

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED Married WIDOWED DIVORCED UNKNOWN

11 If married, widowed or divorced HUSBAND of Alena C Ingersol (Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_ (Husband's name in full)

12 AGE 72 Years 8 Months 25 Days If under 24 hours Hours Minutes

13 Usual Occupation Contractor (Kind of work done during most of working life)

14 Industry or Business Building

15 Social Security No. 013-28-5124

16 BIRTHPLACE (City) Addison (State or country) Maine

17 NAME OF FATHER Frank H Thompson

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

19 MAIDEN NAME OF MOTHER Rose Tibbetts

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

21 Informant Alena Thompson (Address) 368 Main St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (P)

(Signature of Agent of Board of Health or other)

Director of Public Health Aug 12 1966 (Official Designation) (Date of Issue of Permit)

WIBV

A TRUE COPY ATTEST:



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

AUG 1 1946  
 DEC 12 1946



#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

burial permit  
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Agent.

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Register  
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SUFFOLK

(County)

WINTHROP

(City or Town)

PLACE OF DEATH

No.

WINTHROP COMMUNITY HOSPITAL

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME BENJAMIN ALBERT

(If deceased is a married, widowed or divorced woman, give also maiden name.)

184 WOODSIDE AVE., WINTHROP, MASS.

(a) Permanent Residence. No.  
(Usual place of abode)

St.

(City or town and State)

Length of stay: In place of death.....years.....months.....7 days. In place of residence.....3 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 12 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
Jan 1950 to Aug 12 1966I last saw him live on Aug. 11, 1966 death is said to  
have occurred on the date stated above, at 3:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Brain

(b) Cancer of Lung

(c)

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

6 months

5 yrs.

OTHER  
SIGNIFICANT  
CONDITIONS None

Was autopsy performed? No

What test confirmed diagnosis Clinical, Surgical, Pathological

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signature) Charles Liberman M. D.

DR. CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS. Date 8/12/1966

Israel of Winthrop Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 12, 1966

7 NAME OF FUNERAL DIRECTOR Arnold Golov

ADDRESS 1668 Beacon St., Brookline

Received and filed AUG 12 1966

John A. Clark

(Official Designation)

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD

## CERTIFICATE OF DEATH

Registered No. 153

## PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WARI) NO

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Alice Kaminsky  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 59 Years 2 Months 19 Days If under 24 hours  
Hours Minutes13 Usual Occupation Sawdust Dealer  
(Kind of work done during most of working life)

14 Industry or Business Albert &amp; Sons

15 Social Security No. 018-00-1431

16 BIRTHPLACE (City) Boston  
(State or country) Massachusetts

17 NAME OF FATHER Abraham Albert

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Fireman

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

21 Informant Mr. Richard Albert

(Address) 55 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:

Richard Griffin

(Signature of Agent of Board of Health or other)

John A. Clark 8/12/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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.

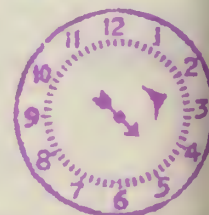
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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 12 '66 AM



OFFICE OF

WINTER, MASS.



R-303

burial permit  
of Health  
Agent.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. TYPE IN ALL-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. 100M-5-64-938000

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

WINTHROP  
(City or Town making this return)

Registered No. 154

No. 90 Shore Drive, Winthrop

{(If death occurred in a hospital or institution,  
St. } give its NAME instead of street and number)

2 FULL NAME PAUL O'LEARY  
(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) N.O.

(a) Permanent Residence. No. 90 Shore Drive, Winthrop  
City or town and State)

Length of stay: I of death 50 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 14, 1966  
(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.

(Address) Boston Date 8/15 1966

7 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 18 1966

8 NAME OF FUNERAL DIRECTOR MAURICE W. MYRBY  
ADDRESS WINTHROP

Received and filed AUG 19 1966

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)

MALE WHITE SINGLE

12 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Give band's name in full)

13 AGE 57 Years Months Days If under 24 hours  
Hours Minutes

14 Usual Occupation: TIRE REPAIRER  
(Kind of work done during most of working life)

15 Industry or Business: M.B.T.A.

16 Social Security No.

17 BIRTHPLACE (City) CHELSEA  
(State or country) MASS

18 NAME OF FATHER FRANCIS X O'LEARY

19 BIRTHPLACE OF FATHER (City) CHELSEA  
(State or country) MASS

20 MAIDEN NAME OF MOTHER VERONICA MCCANN

21 BIRTHPLACE OF MOTHER (City) CHELSEA  
(State or country) MASS

22 Informant WILLIAM O'LEARY  
(Address)

67 BAYVIEW AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard G. Gifford  
(Signature of Agent of Board of Health or other)

Director of Public Health Aug 16, 66  
(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 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.)"

OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

Revere  
 (City or Town making this return)

COPY OF  
 CERTIFICATE OF DEATH

Registered No. 155

PLACE OF DEATH

Suffolk  
 (County)

Revere  
 (City or Town)

No. Grover Manor Hospital

{(If death occurred in a hospital or institution,  
 St. { give its NAME instead of street and number)}

2 FULL NAME Jack Winer  
 (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) Permanent Residence. No. 90 Shore Drive x Winthrop  
 (City or town and State)

Length of stay: In place of death.....years.....months. 25 days. In place of residence 21 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 15, 1966  
 (Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
 July 21, 1966, to Aug. 15, 1966  
 I last saw him live on Aug. 15, 1966 death is said to  
 have occurred on the date stated above, at 10:40A.m.

INTERVAL  
 BETWEEN  
 ONSET AND  
 DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Infarction 25 days

Due To (b) Cerebral thrombosis 15 days

Due To (c) due to above

OTHER  
 SIGNIFICANT  
 CONDITIONS

Was autopsy performed? No  
 What test confirmed diagnosis? E.K.G.

5 Was disease or injury in any way related to occupation of deceased?  
 If so, specify

(Signature) Harry J. Wiener, M. D.

(Address) Revere Date 8/15, 1966

6 Tifereth Israel of Winthrop, Everett  
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 16, 1966

7 NAME OF FUNERAL DIRECTOR Torf Funeral Service, Inc. (Address) 473 Grover Ave., Winthrop

ADDRESS 151 Washington Ave., Chelsea

Received and filed SEP 8 1966 John C. Clark 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  
 DIVORCED  
 UNKNOWN Widowed

11 If married, widowed, or divorced  
 HUSBAND of Gertrude Traibman  
 (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 74 Years Months Days If under 24 hours  
 Hours Minutes

13 Usual Occupation Dress Presser  
 (Kind of work done during most of working life)

14 Industry or Business Dress Mfg.

15 Social Security No. 389-01-5145

16 BIRTHPLACE (City) Poland  
 (State or country)

17 NAME OF FATHER Hersh Winer

18 BIRTHPLACE OF FATHER (City) Poland  
 (State or country)

19 MAIDEN NAME OF MOTHER Shana Tova (learned)  
 (Cannot be/)

20 BIRTHPLACE OF MOTHER (City) Poland  
 (State or country)

21 Informant Harvey G. Winer

A TRUE COPY  
 ATTEST (Registrar of City or Town where death occurred)

DATE FILED August 15, 1966

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.)



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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SEP 8 '66 AM



CLERK OF THE TOWN CLERK  
WINTHROP, MASS.

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Nursing Home

2 FULL NAME

Clara A (Dray) Hill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

30 Keeling Rd.

(Usual place of abode)

St.

Wakefield

(City or town and State)

Length of stay: In place of death 5 years.....months.....days. In place of residence 15 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

AUGUST 21, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

JUNE 15, 1963 to AUGUST 21, 1966

I last saw her alive on AUG. 18, 1966 death is said to have occurred on the date stated above, at 8:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC HYPERTENSIVE PYRS  
HEART DISEASE

Due To

(b)

GENERALIZED ARTERIO-  
SCLEROSIS

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?

If so, specify

(Signature)

Maurice Traustein Jr.  
MAURICE TRAUSTEIN, M.D.  
(Print or Type Name)

(Address)

73 BARTLETT ST.  
WINTHROP, MASS.  
Date AUG 21, 1966

6

Village

Ludlow Vt.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Aug. 24

1966

7 NAME OF

FUNERAL DIRECTOR

Howard S Reynolds

ADDRESS

Winthrop Mass

Received and filed

AUG 23 1966

John R. Clark

(Registrar)

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Registered No.

156

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

DIVORCED

UNKNOWN

Widow

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Myrton O Hill

(Husband's name in full)

12

AGE 23 Years 8 Months 28 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. 011-03-1436

16 BIRTHPLACE (City)

(State or country) Connecticut

17

NAME OF

FATHER

John Dray

18

BIRTHPLACE OF

FATHER (City)

(State or country)

England

19

MAIDEN NAME

OF MOTHER

Susan A Snow

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

Connecticut

21 Informant

Helen Knight

(Address)

91 Hermon St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin Jr

(Signature of Agent of Board of Health or other)

Director of Public Health

Aug 23, 1966

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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# RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

AUG 23 1966 AM



OFFICE

WINTHROP



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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 152

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP COMMUNITY HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME MISS GAIL MANN (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) Permanent Residence. No. 9, FAUN BAR AVE. WINTHROP, MASS. WINTHROP, MASS. (City or town and State)

Length of stay: In place of death, years, months, 10 days. In place of residence, 21 years, months, days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 8/25/66 (Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Aug 15, 1966, to Aug 25, 1966, death is said to have occurred on the date stated above, at 9:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular Occlusion 10 days

Due To (b) Hypertension 3 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Charles Liberman, M. D. CHARLES LIBERMAN (Print or Type Name)

(Address) WINTHROP, MASS. Date 8/25/1966

6 MT HOPE BOSTON Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 27 1966

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP

Received and filed AUG 26 1966

A TRUE COPY ATTEST:

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN SINGLE

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 21 Years, Months, Days If under 24 hours Hours, Minutes

13 Usual Occupation CLERK (Kind of work done during most of working life)

14 Industry or Business: DEPARTMENT STORE

15 Social Security No. WINTHROP, MASS.

16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER MANN, RALPH T.

18 BIRTHPLACE OF FATHER (City) (State or country) UNKNOWN MASS.

19 MAIDEN NAME OF MOTHER CARLETON, ALBA

20 BIRTHPLACE OF MOTHER (City) (State or country) UNKNOWN MASS.

21 Informant JOHN C. McMAHON

(Address) 9015 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 Griffin (Signature of Agent of Board of Health or other)

Director of Public Health 8/26/66 (Official Designation) (Date of Issue of Permit) V.B. ✓

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.

AUG 26 '66 PM



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 73 Nahant Ave.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 158

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Eleanor Covington (Schneider)  
(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) Permanent Residence. No. 73 Nahant Ave. St. Winthrop  
(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 Aug. 27 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from Feb 15 to Aug 27 1966  
I last saw her alive on Aug. 16, 1966 death is said to have occurred on the date stated above, at 11:55 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive and Arteriosclerotic Heart Disease  
(b) Due To  
(c) Due ToINTERVAL  
BETWEEN  
ONSET AND  
DEATH  
3 yrsOTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signature) Charles Liberman, M. D.  
CHARLES LIBERMAN  
(Print or Type Name)  
(Address) WINTHROP, MASS. Date 8/27/19666 Mt. Calvary Cemetery, Kankakee, Ill.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 31 1966

7 NAME OF FUNERAL DIRECTOR J. S. Waterman &amp; Sons Inc.

ADDRESS Boston

Received and filed AUG 29 1966  
John L. Gaur

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word)  
MARRIED  
WIDOWED widowed  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of(or) WIFE of Cecil Boyd Covington  
(Give maiden name of wife in full)  
(Husband's name in full)12 AGE 82 Years 3 Months 12 Days If under 24 hours  
Hours Minutes13 Usual Occupation Housewife  
(Kind of work done during most of working life)

14 Industry or Business At Home

15 Social Security No. 033-34-4666

16 BIRTHPLACE (City) Kankakee, Illinois  
(State or country)

17 NAME OF FATHER John Schneider

18 BIRTHPLACE OF FATHER (City) Pennsylvania  
(State or country)

19 MAIDEN NAME OF MOTHER Sybella Paulissen

20 BIRTHPLACE OF MOTHER (City) Kankakee, Illinois  
(State or country)21 Informant Joel B. Covington  
25 Applecrest Rd.  
(Address) Weston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Gifford  
(Signature of Agent of Board of Health or other)  
Dir of Public Health 8/29/66  
(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.

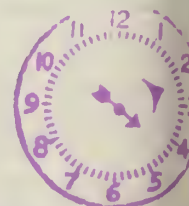
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

AUG 29 '66 PM



OFFICE OF THE TOWN

WINTHROP, MASS

burial permit  
Agent.

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CERTIFICATE

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The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bayview Nursing Home

STANDARD  
CERTIFICATE OF DEATH

Registered No. 159

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME John H. Kelly

(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. 1163 Boylston  
(Usual place of abode)

St. Boston

(City or town and State)

Length of stay: In place of death 2 years.....months.....days. In place of residence 10 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 27, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 1965 to Aug. 27, 1966  
I last saw him on Aug. 26, 1966 death is said to have occurred on the date stated above, at 1:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Emphysema

Due To  
(b)

Due To  
(c)

OTHER SIGNIFICANT CONDITIONS Cerebral Arteriosclerosis 14r.

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

(Signature) Charles Liberman M. D.  
CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS. Date 8/27/1966

6 Winthrop Cemetery, Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 30, 1966

7 NAME OF FUNERAL DIRECTOR McDonald Funeral Home

ADDRESS 461 Commonwealth Ave., Boston

Received and filed AUG 29 1966

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word) MARRIED, WIDOWED, DIVORCED, UNKNOWN widowed

11 If married, widowed, or divorced HUSBAND of Blanche G. Eaton  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 76 AGE 76 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Retired Liquor Correspondent  
(Kind of work done during most of working life)

14 Industry or Business Liquor

15 Social Security No.

16 BIRTHPLACE (City) Ireland  
(State or country)

17 NAME OF FATHER Bernard Kelly

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Ellen Rodgers

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

21 Informant Mrs. Alice Kelly

(Address) 140 R Crafts St., Newton

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin  
(Signature of Agent of Board of Health or other)  
Suzette Marie Smith  
(Official Designation) 8/29/66  
(Date of Issue of Permit)

A TRUE COPY ATTEST:

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.

AUG 29 1886



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD

## CERTIFICATE OF DEATH

Registered No.

160

No.

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME ALBERT V. KEITH  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran,  
if so specify WARI) no

(a) Permanent Residence. No. 22 PRESCOTT ST St. WINTHROP, MASSACHUSETTS  
(City or town and State)

Length of stay: In place of death 2 years 2 months 2 days. In place of residence 2 years 2 months 2 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUGUST 30 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased, from  
June 29, 1966, to Aug 30 1966  
I last saw him alive on Aug 30 1966, death is said to  
have occurred on the date stated above, at 7:58 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) RHEUMATIC HEART DIS.  
Due To C CONGESTIVE FAILURE  
(b) GENERAL ARTERIO SCLEROSIS  
Due To ARTERIO-SCLEROTIC  
(c) HEART DIS 1 YR.

OTHER  
SIGNIFICANT  
CONDITIONS NONE

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
5 Mo.

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

(Signature) Myron H. King M. D.  
MYRON H. KING, M.D.  
(Print or Type Name)  
(Address) 222 Pleasant St. Date 8/30/ 66

Winthrop, Cemetery, Winthrop

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 1, 1966

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano & Son  
147 Winthrop St., Winthrop

ADDRESS

Received and filed SEP 5 1966 John A. Sark 19.

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED MARRIED  
WIDOWED DIVORCED UNKNOWN

11 If married, widowed or divorced  
HUSBAND of Roberta White  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

12 66 14 If under 24 hours  
AGE Years Months Days Hours Minutes

13 Usual Occupation Sheet writer  
(Kind of work done during most of working life)

14 Industry or Business: Railway Express

15 Social Security No. 014-14-3157A

16 BIRTHPLACE (City) Cambridge  
(State or country) Mass.

17 NAME OF FATHER Albert M. Keith

18 BIRTHPLACE OF FATHER (City) New Brunswick  
(State or country) Canada

19 MAIDEN NAME OF MOTHER Margaret MacDonald

20 BIRTHPLACE OF MOTHER (City) Cambridge  
(State or country) Mass.

21 Informant Roberta Keith  
22 Prescott St., Winthrop  
Son (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard A. Green  
(Signature of Agent of Board of Health or other)

Dr. William H. Heath 8/31/66  
(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.

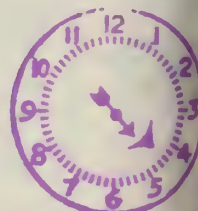
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

SEP 1 '66 PM



OFFICE OF THE TOWN  
CLERK  
WINTHROP, MASS



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

161

(City or Town making this return)

Suffolk

(County)

Boston

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 07031

No. The Boston Floating Hospital, 20 Ash St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME William Care

(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) Permanent Residence. No. 5 Ingleside Avenue x Winthrop, Massachusetts  
(City or town and State)

Length of stay: In place of death years months 1 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 17 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 7-16-1966 to 7-17-1966

I last saw him alive on 7-17-1966 death is said to have occurred on the date stated above, at 11:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Aspiration pneumonitis

Due To  
(b)Due To  
(c)

OTHER SIGNIFICANT CONDITIONS bleeding diathesis

Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Shirley A. McMahon, M.D.

Shirley A. McMahon, M.D.  
(Print or Type Name)

(Address) 20 Ash Street Date July 18, 1966

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 19 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds  
Winthrop, Mass

ADDRESS

Received and filed JUL 21 1966 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Single

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE Years Months 1 Days If under 24 hours Hours Minutes

13 Usual Occupation None (Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop Mass.  
(State or country)

17 NAME OF FATHER David Care

18 BIRTHPLACE OF FATHER (City) Winthrop  
(State or country) Mass

19 MAIDEN NAME OF MOTHER Ruth Vessey

20 BIRTHPLACE OF MOTHER (City) Winthrop  
(State or country) Mass

21 Informant David Care

(Address) 5 Ingleside 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:

*William J. Kane.*  
City Registrar

EX 6 18 18



OFFICE OF THE TOWN  
CLERK

OUT OF TOWN

SUFFOLK

(County)

Boston

(City or Town)

PLACE OF DEATH

No.

BETH ISRAEL HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

Registered No.

07082

2 FULL NAME

MICHAEL STALLER

(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) Permanent Residence. No.

85 SHORE DRIVE

St.

WINTHROP, MASS

(City or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

JULY

18

1966

(Month)

(Day)

(Year)

I HEREBY CERTIFY That I attended deceased from  
JUNE 23, 1965 to JULY 18, 1966I last saw him alive on JULY 17, 1966 death is said to  
have occurred on the date stated above, at 2:07 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Atherosclerotic heart disease

(Due To

(b)

(Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Pulmonary emboli

Was autopsy performed? YES

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Jeffrey D. Nason

M. D.

JEFFREY D. NASON

(Print or Type Name)

(Address) 330 BROOKLINE AVE. JULY 18, 1966

6 Jewish National Workers "anvers

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

July

19

66

7 NAME OF

FUNERAL DIRECTOR

Levine Chapel

ADDRESS

470 Harvard St. Brookline

Received and filed

JUL 22 1966

19.

A TRUE COPY ATTEST

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

DIVORCED

UNKNOWN

Widowed

11 If married, widowed, or divorced

Rose Baskin

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE

89

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

Self Employed

Builder

15 Social Security No.

16 BIRTHPLACE (City)

Russia

(State or country)

17 NAME OF

FATHER

(Unknown) Staller

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

Mr. Jack Staller

(Address)

12 Marlboro St. Norwood

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:

*William J. Kane.*  
City Registrar



WILLIAM J. KANE  
CITY REGISTRAR



BOSTON 169  
(City or Town making this return)

Registered No. 07215

(If death occurred in a hospital or institution,  
t. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Permanent Residence. No. 117 Upland Rd. St. Winthrop, Mass.  
(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

3 DATE OF DEATH ..... July ..... 21 ..... 1966  
(Month) (Day) (Year)

|       |         |                                       |
|-------|---------|---------------------------------------|
| 8 SEX | 9 COLOR | 10 <del>SINGLE</del> (write the word) |
|-------|---------|---------------------------------------|

WE HEREBY CERTIFY, That we attended deceased from  
 July 14, 1966 to July 21, 1966  
 We last saw him alive on July 21, 1966, death is said to  
 have occurred on the date stated above, at 7:55 P.M. **INTERVAL**

11 If married, widowed, or divorced  
HUSBAND of Marjorie M. Martine  
(Give maiden name of wife in full)

(or) WIFE of .....  
(Husband's name in full)

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

INTERVAL  
BETWEEN  
ONSET AND

Acute and miliary tuberculosis

12  
AGE 76 Years 9 Months 7 Days

|        |                                |  |
|--------|--------------------------------|--|
| (a)    | involving lungs, liver, spleen |  |
| Due To | kidneys, small and large       |  |

13 Usual Occupation..... Assembly? Foreman  
(Kind of work done during most of working life)

(b) bowel

14 Industry or Business: Leasing Shastan Co.

Due To  
(c) .....

15 Social Security No 022-10745-728

### OTHER SIGNIFICANT CONDITIONS

16 BIRTHPLACE (City).... *Guatemala* .....  
(State or country)

Was autopsy performed? yes

17 NAME OF FATHER Carl O. Evans

What test confirmed diagnosis? .....autopsy

18 BIRTHPLACE OF FATHER (City).....Sweden  
(State or country)

(Signature) Charles Averill Exec. Asst., M. D.

19 MAIDEN NAME  
OF MOTHER *Annette Scott*

(Print or Type Name) 7-21-66

20 BIRTHPLACE OF  
MOTHER (City) *Sweden*  
(State or country)

**BOSTON CITY HOSPITAL** Date 7-21-66 1966

6 Newton Cemetery - Newton  
Place of Burial or Cremation (City or Town)

21 Informant Frederick Eberman - (Son)

DATE OF BURIAL July 25, 1966 19

(Address) 50 Suvitvatoe Ave. Berlin

7 NAME OF FUNERAL DIRECTOR B. Russell Funeral Service

ADDRESS 195 Mt. Auburn St. Watertown

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Received and filed JUL 27 2008 19

(Signature of Agent of Board of Health or other)

A TRUE COPY ATTEST:

(Registrar)

(Official Designation)

Date of Issue of Permit \_\_\_\_\_

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

OCT 4 1866 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

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(County)

BOSTON

(City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

164

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

07486

(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 WARL)

2 FULL NAME Mary G. McDermott

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 23 Russell Street

St. Winthrop, Massachusetts

(City or town and State)

Length of stay: In place of death years months 16 days. In place of residence 25 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 28 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I have deceased from  
July 12 1966 to July 28 1966

Last saw her alive on July 28 1966, death is said to

have occurred on the date stated above, at 2:50 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma Of the Gall Bladder

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

6 Weeks

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

(Signature) Charles L. Clay, M.D. M. D.

(Print or Type Name)

(Address) Ann's Dir. Mass. Gen'l Hosp. Date July 28 1966

6 Holy Cross Cemetery Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 30, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed

William J. Kane

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED Widowed  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John J. McDermott

(Husband's name in full)

12 AGE 82 Years Months Days 13 If under 24 hours  
Hours Minutes13 Usual Occupation Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. Boston

16 BIRTHPLACE (City) Mass  
(State or country)

17 NAME OF FATHER Timothy Murphy

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER CNBL

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

21 Informant Grace Fagan

(Address) 23 Russell St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Doris Leonard D 19386  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

X



A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

OCT 4 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Winthrop  
(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 165

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 461 Pleasant

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

NO.

2 FULL NAME Evelyn Maud 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)

(a) Permanent Residence. No. 461 Pleasant

St.

(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 September 1 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Apr. 1 1966 to Sep 1 1966  
I last saw her alive on Aug 22 1966. death is said to  
have occurred on the date stated above, at 2:30 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary occlusion

(b) Due To Myocardial Heart

(c) Due To arteriosclerosis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

min

hrs

hrs

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

(Signature) Joseph P. GREGORY, M. D.

(Print or Type Name)

(Address) 174 Winthrop St. Date 9-2-66

6 Sea Side Cemetery, Chatham, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 3, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed

John P. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female White

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN  
Single

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE 77 Years 0 Months 6 Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation Retired Forelady

(Kind of work done during most of working life)

14 Industry

or Business: Wholesale Stationary Co.

15 Social Security No.

010-09-9650-A

16 BIRTHPLACE (City)

East Boston

(State or country)

Massachusetts

17 NAME OF

FATHER Samuel Augustus Snow

18 BIRTHPLACE OF

FATHER (City) Chatham

(State or country)

Massachusetts

19 MAIDEN NAME

OF MOTHER

Lucy Emma Jones

20 BIRTHPLACE OF

MOTHER (City)

Chatham

(State or country)

Massachusetts

21 Informant Albert W. Jones

(Address) 461 Pleasant St. Winthrop

MA I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Brown (a)

(Signature of Agent of Board of Health or other)

Supervisor of Health Dept 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST

SPACE FOR ADDITIONAL INFORMATION .....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.



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## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Winthrop

(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)



STANDARD  
CERTIFICATE OF DEATH

Registered No.

166

No. Bayview Nursing Home

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Alma Evalina Kershaw (Noxon)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Bellevue

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

NO.

(a) Permanent Residence. No. 55 Bellevue Avenue

St.

(City or town and State)

Length of stay: In place of death 3 years months days. In place of residence 70 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 3 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
AUG 26 1966 to SEPT 3 1966  
I last saw him alive on AUG 31 1966, death is said to  
have occurred on the date stated above, at 1145 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION 15 MIN

Due To (b) ARTERIO-SCLEROTIC HEART DISEASE

Due To (c) CONGESTIVE FAILURE 10 YRS

OTHER SIGNIFICANT CONDITIONS ARTHRITIS-OSTEO + RHEUMATOID 11 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

(Signature) Myron N. King M.D.

(Print or Type Name)

(Address) 222 Pleasant St. Date SEPT 5 1966

6 Winthrop Cemetery, Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 6, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed SEP 6 1966

John T. Clark

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

If married, widowed, or divorced

HUSBAND of (Give maiden name in full)

(or) WIFE of William Jefferys Kershaw (Husband's name in full)

12 AGE 99 Years 6 Months 20 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. 220-03-3747-D

16 BIRTHPLACE (City) Pictou  
(State or country) Ontario Canada

17 NAME OF FATHER Alfred Noxon

18 BIRTHPLACE OF FATHER (City) Pictou  
(State or country) Ontario Canada

19 MAIDEN NAME OF MOTHER Mary Amelia Carson

20 BIRTHPLACE OF MOTHER (City) Pictou  
(State or country) Ontario Canada

21 Informant Miss Jeanne Kershaw

(Address) 387 Main St. W. Concord, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death  
Mass 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.....  
.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

---

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

---

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.



PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Registered No. 167

N/A

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME LILLIAN MARINO (Costonis) PHYSICIAN - IMPORTANT  
(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) Permanent Residence. No. 385 Winthrop St., Winthrop St.  
(City or town and State)

Length of stay: 1 of death months days. In place of residence 10 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 8, 1966  
(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.)

Perforating gunshot wound of chest with  
laceration of heart and lung.

5 Accident, suicide, or homicide (specify) Suicide.

Date and hour of injury September 8, 1966

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? Home.  
(Specify type of place)

Manner of Injury Self inflicted gunshot (pistol)  
(How did injury occur?)

Nature of wound.

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 (Print or Type Name) 9/9 66

7 Winthrop Winthrop  
Place of Burial or Cremation, (City or Town)

DATE OF BURIAL Sept 12 1966

8 NAME OF FUNERAL DIRECTOR Ernest P. Casagrande, Son

ADDRESS 147 Winthrop St. Winthrop

Received and filed John A. Clark 1966

A TRUE COPY ATTEST: (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR White 11 SINGLE (write the word)  
MARRIED WIDOWED DIVORCED UNKNOWN Divorced

12 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Charles Marino (Husband's name in full)

13 AGE 26 Year 6 Months 23 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.

17 BIRTHPLACE (City) Boston  
(State or country) Mass

18 NAME OF FATHER Arthur Costonis

19 BIRTHPLACE OF FATHER (City) Albania  
(State or country)

20 MAIDEN NAME OF MOTHER Sylvia Bonaccordo

21 BIRTHPLACE OF MOTHER (City) Chicago  
(State or country) Ill.

22 Informant Sylvia Guenard  
(Address) 385 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin  
(Signature of Agent of Board of Health or other)

Director Public Health 9/10/66  
(Official Designation) (Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION ..... SEP 12  
DATE OF ENTERING MILITARY SERVICE .....  
DATE OF DISCHARGE .....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT .....  
SERVICE NUMBER .....  
OFFICE OF THE  
WINTHROP

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a collision of railroad train and automobile." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

168

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)}

PHYSICIAN - IMPORTANT

2 FULL NAME

Mrs. Ida Green (Gustafson)

(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

1769 No. Shore Rd., Revere, Mass.

(a) Permanent Residence. No.

St.

(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  
DEATHSeptember 10, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Sept 7, 1966, to Sept 10, 1966I last saw her alive on Sept 6, 1966, death is said to  
have occurred on the date stated above, at 11:00 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Embolism

Due To (b) Cardiovascular disease

Due To (c) Atherosclerosis

INTERVAL  
BETWEEN  
ONSET AND  
DEATHminutes  
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

(Signature) Dr. Nicholas A. Casaburi, M. D.

(Print or Type Name) Nicholas A. Casaburi

(Address) 81 Revere St. Date 9/10/66

6 Glenwood EVERETT  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL SEPT 14 1966

7 NAME OF  
FUNERAL DIRECTOR William Keltion

ADDRESS 1 Winthrop Ave Revere Mass

Received and filed SEP 12 1966 19

John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)  
MARRIED  
WIDOWED widowed  
DIVORCED  
UNKNOWN

Female White

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of CHARLES H. GREEN  
(Husband's name in full)

12

AGE 82 Years 8 Months 12 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation HOUSEWIFE

(Kind of work done during most of working life)

14 Industry

or Business: AT HOME

15 Social Security No. NONE

16 BIRTHPLACE (City)

(State or country)

SWEDEN

17 NAME OF

FATHER

CARL J. GUSTAFSON

18 BIRTHPLACE OF

FATHER (City)

(State or country)

SWEDEN

19 MAIDEN NAME

OF MOTHER

KRISTINA LAWSON

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

SWEDEN

21 Informant

Mrs Alice Murphy

(Address)

1771 No. 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:

Richard Griffin (R)

(Signature of Agent of Board of Health or other)

(Official Designation)

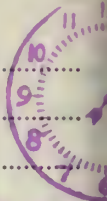
(Date of Issue of Permit)

9/12/66

A TRUE COPY ATTEST:

397

SEP 12



OFFICE OF THE

WINTROP

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.



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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD

## CERTIFICATE OF DEATH

Registered No.

169

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 **SADIE (WRIGHT) CHAPMAN**  
(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) Permanent Residence. No.

59 Pebble Ave  
~~BAYVIEW NURSING HOME~~

St. **WINTHROP, MASSACHUSETTS**

(City or town and State)

Length of stay: In place of death.....years.....months.....**3** days. In place of residence **35** years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **SEPT, 12, 1966**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
**Aug 8, 1966, to Sept 12, 1966**  
I last saw her alive on **Sept 11, 1966** death is said to  
have occurred on the date stated above, at **7:45 A.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Branchopneumonia**  
**terminal**

Due To (b) **myocardial heart disease**

Due To (c) **arteriosclerosis - 8 m yrs**

OTHER SIGNIFICANT CONDITIONS  
**Intestinal obstruction**  
**(mechanical)**

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify

(Signature) **Joseph J. Gorman** M. D.

(Print or Type Name)  
**Joseph J. Gorman**  
(Address) **194 Washington St. Wintrop** Date **9-12-66**

6 **Canton Cemetery Canton Mass**  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **September 15, 1966**

7 NAME OF FUNERAL DIRECTOR **Arthur J. O'Maley**

ADDRESS **Winthrop, Mass**

Received and filed **SEP 15 1966** 19. **John A. Clark**

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX **FEMALE** 9 COLOR **WHITE** 10 SINGLE (write the word)  
**MARRIED WIDOWED DIVORCED UNKNOWN**

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of **Chester B. Chapman**  
(Husband's name in full)

12 AGE **83** Years.....Months.....Days If under 24 hours  
Hours.....Minutes

13 Usual Occupation **Housewife**  
(Kind of work done during most of working life)

14 Industry or Business: **Own Home**

15 Social Security No. **028-05-1456**

16 BIRTHPLACE (City) **Boston**  
(State or country) **Mass**

17 NAME OF FATHER **John L. Wright**

18 BIRTHPLACE OF FATHER (City) **Boston**  
(State or country) **Mass**

19 MAIDEN NAME OF MOTHER **Hughes**

20 BIRTHPLACE OF MOTHER (City) **Cannot be learned**  
(State or country)

21 Informant **Mrs. John Buckley**  
**258 Park Ave**  
(Address) **Arlington, Mass.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

**Richard Griffin**  
(Signature of Agent of Board of Health or other)

**Director of Public Health** 9/14/66  
(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.

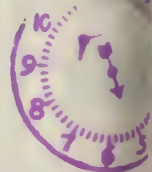
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

SP 15



OFFICE OF THE TOW  
WINTHROP, MA



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

WINTHROP COMMUNITY HOSPITAL

No.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 170

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME. Mr JAMES H. PELRINE  
(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) Permanent Residence. No. 68 BEAL ST. WINTHROP MASS.  
(City or town and State)

Length of stay: In place of death years — months 15 days. In place of residence 30 years — months — days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 15, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Feb. 12, 1962, to Sept. 15, 1966I last saw him alive on Sept. 14, 1966, death is said to  
have occurred on the date stated above, at 11:35 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease

Due To (b) Arteriosclerosis, generalized

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? Clinical Findings and

5 Was disease or injury in any way related to Occupation of deceased?  
If so, specify no

(Signature) John F. Collins M.D.

(Print or Type Name)

(Address) 25 Pennington St. Date Sept. 15, 1966

6 Place of Burial or Cremation Winthrop Cem. Winthrop  
(City or Town)

DATE OF BURIAL Sept 17, 1966 1966

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS 210 Winthrop St. Winthrop

Received and filed SEP 16 1966 1966

John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed or divorced  
HUSBAND of Henrietta (MacDonald)  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 63 Years — Months — Days If under 24 hours  
Hours — Minutes13 Usual Occupation Clerk Hood Milk Co.  
(Kind of work done during most of working life)

14 Industry or Business: Hood Milk Company

15 Social Security No. 023-09-1848

16 BIRTHPLACE (City) Nova Scotia (State or country)

17 NAME OF FATHER not known Augustus PELRINE

18 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

19 MAIDEN NAME OF MOTHER ALICE Conway

20 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

21 Informant Mrs. James Pelrine

(Address) 68 Beal 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 Griffin (Signature of Agent of Board of Health or other)

Director of Public Health (Official Designation)

Sept 16, 1966 (Date of Issue of Permit)

A TRUE COPY ATTEST:



SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING.....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

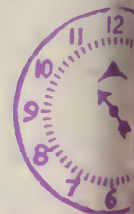
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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SEP 16 1917



OFFICE OF THE  
WINTHROP,

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

**Framingham**  
(City or Town making this return)

## COPY OF CERTIFICATE OF DEATH

Registered No. **171**

PLACE OF DEATH

**Middlesex**  
(County)

**Framingham**  
(City or Town)

No. **Cushing Hospital**

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)}

2 FULL NAME **Anthony Carnicelli**  
(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) Permanence of residence. No. **173 Court Rd.,** St. **Winthrop, Mass.**  
(City or town and State)

Length of stay: In place of death, years **1** months **22** days. In place of residence, years **35** months **0** days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **September 17 1966**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
**July 25, 1966** to **Sept 17, 1966**  
I last saw him alive on **September 17, 1966** death is said to  
have occurred on the date stated above, at **2:40am**.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Coronary artery occlusion** mins.

Due To (b) **Coronary atherosclerosis** 20 yrs.

Due To (c) **Stroke**

OTHER SIGNIFICANT CONDITIONS  
**Peptic ulcer**

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

(Signature) **Ralph S. Paffenbarger,** M. D.

(Address) **Cushing Hosp** Date **9/17/ 66**

6 **Winthrop Cem., Winthrop, Mass.**  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **September 20 66**

7 NAME OF FUNERAL DIRECTOR **Ernest Caggiano & son**

ADDRESS **Winthrop, Mass.**

Received and filed **John A. Clark** 19.

(Registrar of City or Town where deceased resided)

### PERSONAL AND STATISTICAL PARTICULARS

|                      |                         |                                              |
|----------------------|-------------------------|----------------------------------------------|
| 8 SEX<br><b>male</b> | 9 COLOR<br><b>white</b> | 10 SINGLE (write the word)<br><b>widowed</b> |
|----------------------|-------------------------|----------------------------------------------|

11 If married, widowed, or divorced  
HUSBAND of **Elizabeth Salvatore**  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

12 AGE **80** Years **1** Month **2** 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: **Women's clothing**

15 Social Security No. **028-090-433**

16 BIRTHPLACE (City) **Italy**  
(State or country)

17 NAME OF FATHER **Gaetano Carnicelli**

18 BIRTHPLACE OF FATHER (City) **Italy**  
(State or country)

19 MAIDEN NAME OF MOTHER **Maria DiBiasi**

20 BIRTHPLACE OF MOTHER (City) **Italy**  
(State or country)

21 Informant **Medical Records Office**  
**Cushing Hospital**  
(Address) **Framingham, Mass.**

A TRUE COPY **Michael J. Ward**

ATTEST: \_\_\_\_\_  
(Registrar of City or Town where death occurred)

DATE FILED **September 23, 1966**

G. 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.)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

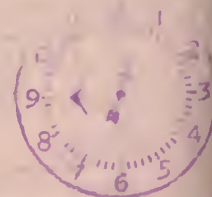
RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

OCT 7 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 172

SUFFOLK

(County)

WINTHROP

(City or Town)

WINTHROP COMMUNITY HOSP. WINTHROP (If death occurred in a hospital or institution,  
No. St. give its NAME instead of street and number)  
MASS. PHYSICIAN — IMPORTANT

2 FULL NAME CALLAHAN JAMES D (If deceased is a married, widowed or divorced woman, give also maiden name.)  
(Was deceased a U. S. War Veteran, W.W.2 if so specify WAR)

(a) Permanent Residence. No. 541 BENNINGTON ST EAST BOSTON, MASS.  
St. (City or town and State)

Length of stay: In place of death years months 10 days. In place of residence 7 years months days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 22 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Sept 11, 1966, to Sept 22, 1966.  
I last saw him alive on Sept 21, 1966. Death is said to have occurred on the date stated above, at 9:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Embolism 1 SEC

Due To (b) Aspiration

Due To (c) Sept Removal of

OTHER SIGNIFICANT CONDITIONS stone from diverticulum of sigmoid

Was autopsy performed? no

What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signature) Charles J. Rockwell M. D.

Llewellyn (Print or Type Name) H. Rockwell

(Address) Washington St. Date 9/23 1966

6 Holy Cross. Malden, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 26 1966

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.

ADDRESS 917 Bennington St. E. Boston

Received and filed SEP 25 1966

John A. Clark (Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Married

11 If married, widowed, or divorced HUSBAND of Beatrice Cutting (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 62 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Chief Accountant (Kind of work done during most of working life)

14 Industry or Business State Racing Comm.

15 Social Security No. 017 14 7793

16 BIRTHPLACE (City) Boston Mass. (State or country)

17 NAME OF FATHER James J. Callahan

18 BIRTHPLACE OF FATHER (City) Boston Mass. (State or country)

19 MAIDEN NAME OF MOTHER Margaret Douglas

20 BIRTHPLACE OF MOTHER (City) Boston Mass. (State or country)

21 Informant Beatrice Callahan. (Wife)

(Address) 541 Bennington St, E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard C. Kirby (Signature of Agent of Board of Health or other)

Director of Public Health (Official Designation) Sept 24, 1966 (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....  
DATE OF ENTERING MILITARY SERVICE..... Sept 9 1942  
DATE OF DISCHARGE..... Sept 22 1944  
RANK, RATING ..... Private  
ORGANIZATION AND OUTFIT..... 26 Hdqts Squad. U. S. Army  
SERVICE NUMBER..... 31201383

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

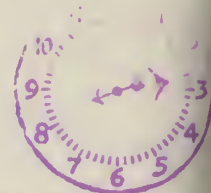
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

SEP 26 '66 PM



10:11 AM  
WINTHROP, MASS.

burial permit  
of Health  
Agent.

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SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 123

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Nursing Home

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Bertram E Statham  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a U. S. War Veteran,  
if so specify WAR) No(a) Residence. No. 51 Harbor View Ave.  
(Usual place of abode)

St. (City or town and State)

Length of stay: In place of death 10 years 60 months days. In place of residence 60 years 60 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 22 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
Dec 1963 to Sept 23 1966I last saw him alive on Sept. 23 1966 death is said to  
have occurred on the date stated above, at 7:15 pm.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) congestive heart failure

(b) atherosclerotic heart disease 22 yrs

(c)

OTHER SIGNIFICANT CONDITIONS Carcinoma of prostate

Was autopsy performed? No

What test confirmed diagnosis? Question X-Ray

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) H. B. Greenfield, M. D.

447 Shirley St. (Print or Type Name) Sept 23 66  
(Address) (Date)6 Oak Grove Medford  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 27 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass.

Received and filed SEP 26 1966 19

John A. Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Single11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 87 Years 0 Months 15 Days If under 24 hours  
Hours Minutes13 Usual Occupation Electrician  
(Kind of work done during most of working life)

14 Industry or Business Newspaper

15 Social Security No. 010-07-1885

16 BIRTHPLACE (City) Leicester  
(State or country) England

17 NAME OF FATHER George W 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. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin

(Signature of Agent of Board of Health or other)

Sweet's of Public Health Sept 26 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:



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.

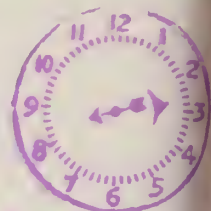
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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), 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.

SEP 26 1886 PM



OFFICE OF THE TOWN CL  
WINTHROP, MASS

MIDDLESEX

(County)  
NEWTON

(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

COPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

NEWTON 174

(City or Town making this return)

Registered No. 534-66

No. Newton-Wellesley Hospital

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME James Shuman

(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. 33 Nevada  
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death DOA years - months - days. In place of residence 25 years - months - days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 24 1966  
(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 - sudden death

5 Accident, suicide, or homicide (specify) No

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) Nathaniel P. Brackett, Jr., M. D.

37 Weston St.

(Address) Waltham, Mass. Date Sept. 24, 19 66

7 Beth Israel Cemetery North Reading

Place of Burial on Cemetery (City or Town)

DATE OF BURIAL September 26, 19 66

8 NAME OF  
FUNERAL DIRECTOR Murray Goldman

ADDRESS 174 Ferry St., Malden

Received and filed John A. Clark 19.

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR

11 SINGLE

(write the word)

Male

White

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

Married

12 If married, widowed, or divorced

HUSBAND of Sari Groman

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

13 AGE 57

10

Years Months Days

If under 24 hours

Hours Minutes

14 Usual

Occupation:

Ships Carpenter

(Kind of work done during most of working life)

15 Industry

or Business:

Self-Employed

16 Social Security No.

029 - 07 - 8712

17 BIRTHPLACE (City)

(State or country)

Cambridge  
Mass.18 NAME OF  
FATHER

Abraham Shuman

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Unknown

Russia

20 MAIDEN NAME  
OF MOTHER

Ida Goldstein

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unknown

Russia

22

Informant  
(Address)

Sari Shuman

33 Nevada St., Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

September 26,

19 66

V.B.V.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

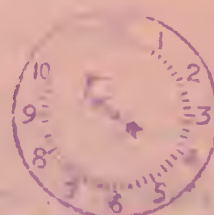
ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

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OCT 6 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



R-301

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

175

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 51 Atlantic St.,

(If death occurred in a hospital or institution,  
St.) give its NAME instead of street and number)

## PHYSICIAN — IMPORTANT

2 FULL NAME Mary V. Tiews  
(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) Permanent Residence. No. 51 Atlantic St.

St.

(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 September 26, 1966.  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Sept. 22, 1966, to Sept. 26, 1966I last saw h... alive on Sept. 25, 1966 death is said to  
have occurred on the date stated above, at 7:55 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Adenocarcinoma of the  
PancreasINTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 yrs.

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT  
CONDITIONS Arteriosclerotic & hyper-  
tensive heart disease 13 yrs.  
Hypertrophic arthritis 10 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

(Signature) M. Traustein, Jr., M.D.

M. Traustein, Jr., M.D.

(Address) 73 Bartlett Rd. Date 9-26-66, 19

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 28, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass

Received and filed SEP 27 1966 19

John A. Clarke

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

Widowed

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles J. Tiews

(Husband's name in full)

12

AGE 85 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. 017-12-1174

16 BIRTHPLACE (City).

(State or country)

East Boston Mass

17 NAME OF

FATHER

Timothy Sullivan

18 BIRTHPLACE OF

FATHER (City)...

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Johanna Gosnell

20 BIRTHPLACE OF

MOTHER (City)...

(State or country)

Ireland

21 Informant

Marie Fielding

(Address) 51 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:

Richard Griffin

(Signature of Agent of Board of Health or other)

Director of Public Health

Sept 27, 1966

(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.

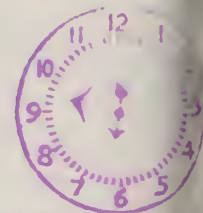
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

SEP 27 '66 AM



OFFICE OF TOWN  
WINTHROP, MASS

M R-301

Burial permit  
of Health  
Department.

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PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. BETH ISRAEL HOSPITAL

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

{(If death occurred in a hospital or institution,  
give its NAME instead of street and number.)

PHYSICIAN — IMPORTANT

2 FULL NAME ANNIE LEVIN (SHAIR)

(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) Permanent Residence. No. 11 HAWTHORNE AVENUE St. WINTHROP, MASS.  
(City or town and State)

Length of stay: In place of death.....years.....1 months 21 days. In place of residence 48 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 5 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 16, 1966, to August 5, 1966.I last saw her alive on August 5, 1966, death is said to  
have occurred on the date stated above, at 8:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cardiac Arrest

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

20 min

(b) Due To Widespread Lymphoma

6 mos.

(c) Due To

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(Signature) William M. Carlton, M. D.  
William M. Carlton  
(Print or Type Name)

(Address) 330 Brookline Ave. Date Aug 5 1966

6 Anshe Libavitz - Woburn  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 7 1966

7 NAME OF FUNERAL DIRECTOR Arnold Golov

ADDRESS 1668 Beacon St., Bkline, Mass

Received and filed AUG 9 1966

J. J. Scane

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Nathan Levin  
(Husband's name in full)12 AGE 71 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Housewife  
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Samuel Shair

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 Herbert Levin

(Address) 53 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:J. J. Scane  
(Signature of Agent of Board of Health or other)Aug 7 1966  
(Official Designation) (Date of Issue of Permit)



A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

OCT 26 '66 AM



OFFICE OF THE CLERK  
WINTHROP, MASS.

burial permit  
of Health  
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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

PLACE OF DEATH

SUFFOLK

(County)

ROXBURY

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

No. JEWISH MEMORIAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME, instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME EDITH ENGLER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Was deceased a NO  
U. S. War Veteran  
(if so specify WAR)

(a) Permanent Residence. No. 8 SEAFOAM AVENUE St. WINTHROP, MASS.

(City or town and State)

Length of stay: In place of death.....years 3 months 24 days. In place of residence. 5 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUGUST 6, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from APRIL 12, 1966, to AUGUST 6, 1966.

I last saw her alive on AUGUST 6, 1966, death is said to have occurred on the date stated above, at 4:00 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) with retained secretions

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

(b) Myocardial infarct, resolving

(c) Marked coronary atherosclerosis

OTHER SIGNIFICANT CONDITIONS Marked cerebral atherosclerosis

Was autopsy performed? Yes

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signature) P. Perez Diaz, M. D.

(Print or Type Name)

(Address) Jewish MEM. Hosp. Date AUG. 6, 1966

6 American Freindship Baker St. W. Rox.

Place of Burial or Cremation

8-9

(City or Town)

66

DATE OF BURIAL.....19.....

7 NAME OF FUNERAL DIRECTOR Solomon Funeral Home

ADDRESS 420 Harvard St. Brookline

Received and filed AUG 12 1966 19.....

William J. Kane

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

|                 |                  |                                                                                    |
|-----------------|------------------|------------------------------------------------------------------------------------|
| 8 SEX<br>FEMALE | 9 COLOR<br>WHITE | 10 SINGLE (write the word)<br>MARRIED<br>WIDOWED<br>DIVORCED<br>UNKNOWN<br>MARRIED |
|-----------------|------------------|------------------------------------------------------------------------------------|

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of HARRY ENGLER (Husband's name in full)

12 AGE 68 Years.....Months.....Days II under 24 hours  
Hours.....Minutes

13 Usual Occupation housewife (Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No. none

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER (ENGLER) Fleischer

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER (c.n.b.l) Allen

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Harry Engler  
8 Seafoam Ave. Winthrop

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

F. P. Diaz 819739

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

A TRUE COPY ATTEST:

*William J. Kane.*

City Registrar





A TRUE COPY ATTEST:

*William J. Kane.*

City Registrar

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

07799

(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 **Ida A. Wolfe (nee White)**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. **55 Ware Way Avenue** St. **Winthrop, Mass.**

(City or town and State)

Length of stay: In place of death. years months days. In place of residence. **30** years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 10 1966**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
**July 26 1966 to August 10 1966**  
last saw ex. alive on **August 10 1966** death is said to

have occurred on the date stated above, at **12:05 A.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Pulmonary Embolus**(b) **Prolonged Recumbency**(c) **Toxic Drug Reaction with  
Semi-Coma**

OTHER SIGNIFICANT CONDITIONS  
**Arteriosclerotic coronary  
Artery Disease with Congestive**

Was autopsy performed? **No** **Heart Failure,**  
What test confirmed diagnosis **Clinical. Compensated**

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signature) **Charles L. Clay, M.D.** M. D.

**Charles L. Clay, M.D.**  
(Print or Type Name)

(Address) **Ass't. Dir., Mass. Gen'l. Hosp.** Date **Aug. 10 1966**

**Tifereth Israel of Winthrop, Everett**  
Place of Burial or Cremation (City or town)

DATE OF BURIAL **August 10, 66**

7 NAME OF FUNERAL DIRECTOR **Torf Funeral Service, Inc**

ADDRESS **151 Washington Ave., Chelsea**Received and filed **AUG 15 1966**

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **White** 10 SINGLE (write the word)  
**Married**

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)  
(or) WIFE of **Edward R. (WOLF) WOLFE**  
(Husband's name in full)

12 **63** Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation **Housewife**  
(Kind of work done during most of working life)

14 Industry or Business: **At Home**

15 Social Security No. **none**

16 BIRTHPLACE (City) **Russia**  
(State or country)

17 NAME OF FATHER **Michal White**

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 **Edward R. (WOLF) WOLFE** (Husband)

**55 Wave Way Ave., Winthrop**

HEREBY CERTIFY that a satisfactory standard certificate of 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:

*William J. Kane.*  
City Registrar

NOV 26 1890



OFFICE OF THE CITY REGISTRAR  
CITY OF CHICAGO



A TRUE COPY ATTEST:

*William J. Kane*

NOV 4 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



FORM R-301

OUT-OF-TOWN

The Commonwealth of Massachusetts

181

SUFFOLK

(County)

CHELSEA

(City or Town)

NAVAL HOSPITAL CHELSEA MASS.

No.

KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 459

(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Martha Lillian (HEINO) LYNCH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) 10

(a) Permanent Residence. No. 88 Bowdoin

St. WINTHROP MASS

(City or town and State)

Length of stay: In place of death.....years.....months23.....days. In place of residence. 15 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 2 1966

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 10, 1966, to Sept. 2, 1966.

I last saw her alive on Sept. 2, 1966 death is said to have occurred on the date stated above, at 7:15 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Shock

INTERVAL BETWEEN ONSET AND DEATH 16 hrs

Due To (b) Hemorrhage

16 hrs

Due To (b) Ulcer of varices

3wks

OTHER SIGNIFICANT CONDITIONS Laennec's cirrhosis

8yrs

Renal failure

2wks

Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) David E. Miller, M. D.

David E. Miller

(Print or Type Name)

(Address) Naval Hospital Date Sept. 2, 1966

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 6, 1966

7 NAME OF FUNERAL DIRECTOR MURICE KIRBY

ADDRESS WINTHROP ST. WINTHROP, MASS.

Received and filed John P. Dalo 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

Caucasian

MARRIED

WIDOWED

DIVORCED

UNKNOWN Widowed

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Francis J. LYNCH Deceased

(Husband's name in full)

12

AGE 48 Years 4 Months 28 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. 012 16 0593

16 BIRTHPLACE (City) E. Boston, Mass.  
(State or country)

17 NAME OF

Henry Heino

FATHER

18 BIRTHPLACE OF

UNK

FATHER (City)

FINLAND

(State or country)

19 MAIDEN NAME

Impi (SANTAMAA) Heino

OF MOTHER

20 BIRTHPLACE OF

UNK

MOTHER (City)

Finland

(State or country)

21 Informant Sister: Sylvia Kovek

86 Bowdoin St. Winthrop Mass

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Donald J. Redington

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit) 9-6-66

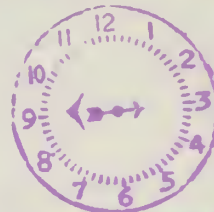
7 1966

A TRUE COPY ATTEST:

*John P. Davis*

City Clerk

OCT 17 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

R-301

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OUT - OF - TOWN

SUFFOLK

(County)

BOSTON

(City or Town)

PLACE OF DEATH

No. Lemuel Shattuck Hospital((If death occurred in a hospital or institution,  
St. } give its NAME instead of street and number)

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON 182

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 018974326

PHYSICIAN — IMPORTANT

2 FULL NAME Mr. JOSEPH A. MACPHERSON  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a  
U. S. War Veteran,  
if so specify WARI. No.(a) Permanent Residence. No. 33 ORLANDO AVE St. WINTHROP, MASS

(City or town and State)

Length of stay: In place of death.....years 2 months 19 days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPTEMBER 11th 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
7/11, 1966, to 8/11, 1966.  
I last saw him alive on 9/11, 1966, death is said to  
have occurred on the date stated above, at 7:50 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) LUNG METASTASISDue To RENAL CELL CARCINOMA(b) RT KIDNEYDue To  
(c) Oesophogitis.OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Chick Kray, R/p of Rt Kidney5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify No(Signature) YOGENDRA ANANTILAL SHAH M. D.

(Print or Type Name)

(Address) Lemuel Shattuck Hosp 9/11 19666 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)DATE OF BURIAL September 14 19667 NAME OF FUNERAL DIRECTOR Arthur J. O'MaleyADDRESS Winthrop, Mass.Received and filed SEP 15 1966 1966

A TRUE COPY ATTEST

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Ruth B. Hesenius  
(Give maiden name of wife in full)(or) WIFE of.....  
(Husband's name in full)12 AGE 66 Years.....Months.....Days If under 24 hours  
.....Hours.....Minutes13 Usual Occupation Salesman  
(Kind of work done during most of working life)14 Industry or Business Automobile Accessories15 Social Security No. 010-09-9436A16 BIRTHPLACE (City) Nova Scotia  
(State or country)17 NAME OF FATHER William MacPherson18 BIRTHPLACE OF FATHER (City) Nova Scotia  
(State or country)19 MAIDEN NAME OF MOTHER Isabelle McLean20 BIRTHPLACE OF MOTHER (City) Nova Scotia  
(State or country)21 Informant Ruth B. MacPherson  
(Address) 33 Orlando 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)



A TRUE COPY ATTEST:

*William J. Kane.*

City Registrar  
17

NOV 7



rr'd for

WINN

OUT - OF - TOWN

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 08990

Suffolk  
(County)West Roxbury  
(City or Town)

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 William Joseph Cashman  
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, WW II if so specify WAR)(a) Permanent Residence. No. 152 Bartlett Road x Winthrop, Mass.  
(City or town and State)

Length of stay: In place of death.....years.....months10 days. In place of residence 10 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 16 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/6/66, 1966, to 9/16/66, 1966

death is said to have occurred on the date stated above, at 7:36 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Embolism.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1 Week

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy.

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) J. R. W. Gumpert, M.D.

(Print or Type Name)

(Address) VAH West Roxbury Date 9/17/1966

6 Winthrop Cemetery, Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 20 1966

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed SEP 20 1966

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN married

11 If married, widowed or divorced HUSBAND of Mae Burditt  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 59 Years 8 Months 28 Days If under 24 hours Hours Minutes

13 Usual Occupation Attorney  
(Kind of work done during most of working life)

14 Industry or Business Loan Guarantee

15 Social Security No. 021-07-87-68

16 BIRTHPLACE (City) Boston  
(State or country) Mass

17 NAME OF FATHER Maurice CASHMAN

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass

19 MAIDEN NAME OF MOTHER Mary Skehan

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass.

21 Informant V. A. Hospital Records

(Address) VAH, West Roxbury 32, 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:

A TRUE COPY ATTEST:

*William J. Kane*  
Clerk of the Court

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66

Suffolk

(County)

Boston

(City or Town)

No. Boston State Hospital

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

184

1918

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 S. Short  
(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) Permanent Residence. No. 3 Pearl Avenue St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death 21 years 6 months 1 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 21 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
March 20 1965 to Sept. 21 1966I last saw him alive on Sept. 21 1966, death is said to  
have occurred on the date stated above, at 10:30 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia, left lung acute

(b) Gastric Ulcer, Peptic with  
Gastrointestinal hemorrhage(c) Tuberculosis, healed, bilat.  
Tones (upper)OTHER  
SIGNIFICANT  
CONDITIONS Pleuritis, acute, bilat.

Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify no

(Signature) Douglas B. Stratton M.D.

Douglas B. Stratton, M.D.

(Print or Type Name)

(Address) 591 Morton St. Date 9/22 1966

Dorchester, Mass.

6 Holyhood Cemetery Brookline  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 24 1966

7 NAME OF FUNERAL DIRECTOR Joseph A. Langone

ADDRESS Merrimack St. Boston, Mass.

Received and filed 1966

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Married11 If married, widowed, or divorced  
HUSBAND of Mary E. Burns  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 80 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:

15 Social Security No. 720-09-2434 A

16 BIRTHPLACE (City) Boston, Mass.  
(State or country)

17 NAME OF FATHER John Short

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Torland

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

21 Informant John Short (Son)

(Address) 3 Pearl St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

(Registrar)

A TRUE COPY ATTEST:

*William J. Kane*  
City Registrar

NOV 4 '66 AM



The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

185

Revere

(City or Town making this return)

Suffolk

(County)

Revere

(City or Town)

Ocean View Manor

No.

COPY OF  
CERTIFICATE OF DEATH

Registered No. ....

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Helen A. Carr (Gegan)

(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 Shore Drive

(Usual place of abode)

St. Winthrop

(City or town and State)

Length of stay: In place of death, 1 years, 0 months, 0 days. In place of residence, 1 years, 0 months, 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 25, 1966

(Month)

(Day)

(Year)

I HEREBY CERTIFY That I attended deceased from  
Jan. 61 to Sept. 25, 66  
or Sept. 25, 66  
I last saw alive on Sept. 25, 66 death is said to  
have occurred on the date stated above, at 9:10 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
1 hr.

Due To Hypertensive and arterio  
Sclerotic heart disease

5 yrs

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No  
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles Liberman, M. D.

(Address) Winthrop Date 9/26 66

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL September 27, 1966

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed John A. Clark 1966

(Registrar of City or town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

Widowed

11 If married, widowed, or divorced

HUSBAND of

Robert Carr (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 AGE

79

7

Months

13

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation

Housewife

(Kind of work done during most of working life)

14 Industry

or Business

At home

15 Social Security No.

017-40-3085

16 BIRTHPLACE (City)

Ireland

(State or country)

17 NAME OF

FATHER

Patrick Gegan

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Catherine O'Neil

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21 Informant

M.A.A. Records

(Address)

Town Hall, Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

September 27, 1966

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.)



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.

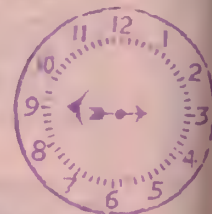
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

OCT 5 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS

burial permit  
of Health  
Agent.

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TIFICATE

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OUT OF - TOWN

PLACE OF DEATH

Suffolk  
(County)Boston, Mass.  
(City or Town)KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

186

(City or Town making this return)

STANDARD

## CERTIFICATE OF DEATH

Registered No. 00382

No. New England Baptist Hospital (If death occurred in a hospital or institution, St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Duncan, Clementine M.  
(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) Permanent Residence. No. Viking Gardens, Apt. A-10 St. Winthrop, Mass.  
(Usual place of abode) (City or town and State)

Length of stay: In place of death years months 10 days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 26<sup>th</sup> 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Sept. 16, 1966, to September 26, 1966.

I last saw her alive on September 26, 1966 death is said to have occurred on the date stated above, at 5:10 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

WIDESPREAD ABDOMINAL

(a) CARCINOMATOSIS

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
UNKNOWN(b) Due To SOURCE NOT APPARENT ON  
GROSS EXAMINATION

(c) Due To

OTHER  
SIGNIFICANT  
CONDITIONS

NONE

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

(Signature) Robert J. Mac Millan M.D.

ROBERT J. MAC MILLAN M.D.

319 LONGWOOD AVE (Print or Type Name)

(Address) BOSTON Day 26 SEPT 1966

6 Woodlawn Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 30 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass

Received and filed Oct 3 1966 19.

William J. Kane

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Single

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 81 Years 11 Months 24 Days If under 24 hours Hours Minutes

13 Usual Occupation None (Kind of work done during most of working life)

14 Industry or Business At Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston Mass.  
(State or country)

17 NAME OF FATHER William Duncan

18 BIRTHPLACE OF FATHER (City) England  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Whyte

20 BIRTHPLACE OF MOTHER (City) Scotland  
(State or country)21 Informant Frederic B Duncan  
(Address) 45 Emerson Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Came on file 800724  
(Signature of Agent of Board of Health or other)Sept 29 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane.*

City Register

NOV 4 '66 AM



RECEIVED  
NOV 4 1866



## OUT - OF - TOWN

Suffolk

(County)

Boston

(City or Town)

No. New England Deaconess Hospital

2 FULL NAME Mrs. Eva Santarpio (nee Pesce)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 187 Shore Drive St. Winthrop, Mass.

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 26 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Sept. 7 1966, to Sept. 26 1966I last saw alive on Sept. 26 1966 death is said to  
have occurred on the date stated above, at 5:05 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

(b) Due To Pulmonary Metastases months

(c) Due To Lymphosarcoma.

OTHER SIGNIFICANT CONDITIONS Hypertension

Was autopsy performed? NO

What test confirmed diagnosis? BIOPSY.

5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signature) Emyr Wyn Jones, M. D.

(Address) N.E. DEACONESS HOSPITAL Date 9-26-1966

6 Ridgeland Cemetery Watertown  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 29 1966

7 NAME OF FUNERAL DIRECTOR Anthony P. Rapino

ADDRESS 9 Chelsea St. East Boston, Mass.

Received and filed OCT 3 1966 19

A TRUE COPY ATTEST:

(Registrar)



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

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

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED married  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Michael Santarpio  
(Husband's name in full)12 AGE 60 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation housewife  
(Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No. none

16 BIRTHPLACE (City) Boston, Mass.  
(State or country)

17 NAME OF FATHER Pellegrini Pesce

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Anna Rosa DiCunto

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)

21 Informant Michael Santarpio (husband)

(Address) 187 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)

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

NOV 4 '66 AM



PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S  
CERTIFICATE OF DEATHWINTHROP  
(City or Town making this return)

Registered No. 188

No. 35 Mermaid Avenue, Winthrop

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)2 FULL NAME MINA ZELTSAR  
(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) Permanent Residence. No. 35 Mermaid Avenue, Winthrop, Mass.

(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 5, 1966  
(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.)  
Barbiturate poisoning.5 Accident, suicide, or homicide (specify) Suicide.  
Date and hour of injury October 5, 1966

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 Injury Ingestion of barbiturate  
(blood level: 3.5 mg.%)

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.

(Address) Boston (Print or Type Name) Date 10/6 1966

7 Hand In Hand Cem. West Roxbury

Place of Burial or Cremation. (City or Town)

DATE OF BURIAL Oct. 7 1966

8 NAME OF FUNERAL DIRECTOR Solomon Funeral Home Inc

ADDRESS 420 Harvard St Brookline

Received and filed OCT 6 1966

A TRUE COPY ATTEST: (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR White 11 SINGLE MARRIED (write the word)  
WIDOWED  
DIVORCED  
UNKNOWN Married

12 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Abraham Zeltsar  
(Husband's name in full)13 AGE 48 Years Months Days If under 24 hours  
Hours Minutes14 Usual Occupation: Housewife  
(Kind of work done during most of working life)

15 Industry or Business: At Home

16 Social Security No.

17 BIRTHPLACE (City) Boston Mass  
(State or country)

18 NAME OF FATHER George Harris

19 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

20 MAIDEN NAME OF MOTHER Celia Goldstein

21 BIRTHPLACE OF MOTHER (City) New York  
(State or country)22 Informant Abraham Zeltsar Husband  
(Address)

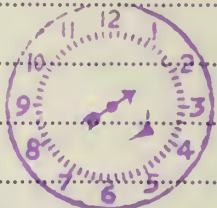
35 Mermaid Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin (M.D.)  
(Signature of Agent of Board of Health or other)Director of Public Health 10/6/66  
(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 6 '66 PM  
OFFICE OF THE ADJUTANT GENERAL  
WINTHROP, MASS.



#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.)"

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)STANDARD  
CERTIFICATE OF DEATH

Registered No.

189

No. 130 Locust Way

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Kenneth F. Pinkman  
(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) Permanent Residence. No. 130 Locust Way

St.

Winthrop

(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 October 6 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
June 1964 to October 6, 1966  
I last saw him alive on Sept 30, 1966, death is said to  
have occurred on the date stated above, at 7:00 P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

5 minutes

(b) Due To Coronary Artery Heart Disease

2 yrs.

(c) Due To Arteriosclerotic Heart Disease

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(Signature) Charles Liberman, M. D.  
CHARLES LIBERMAN(Address) WINTHROP, MASS. Date 10/6/1966  
(Print or Type Name)

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 10, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed John A. Park 19

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE

(write the word)

MARRIED

married

WIDOWED

DIVORCED

UNKNOWN

11 If married, widowed, or divorced

HUSBAND of Ethel R. Woods  
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE 53 Years 6 Months 26 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation Mechanic

(Kind of work done during most of working life)

14 Industry

or Business

Northeast Airlines

15 Social Security No.

024-07-2855

16 BIRTHPLACE (City)

(State or country) Mystic Conn.

17 NAME OF

FATHER

James L. Pinkman

18 BIRTHPLACE OF

FATHER (City)

(State or country) Mystic Conn.

19 MAIDEN NAME

OF MOTHER

Norma I. McLeod

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Mystic Conn.

21 Informant

(Address)

Ethel R. Pinkman

130 Locust Way, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (P)

(Signature of Agent of Board of Health or other)

Director of Public Health Oct 8, 1966  
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING.....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWinthrop, Mass.  
(City or Town making this return)STANDARD  
CERTIFICATE OF DEATH

Registered No. 190

PLACE OF DEATH

Suffolk  
Winthrop, Mass.

(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 Mr. Glenn P. Lewis  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

91 Horace St.

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) WW 1  
East Boston, Mass.

(a) Permanent Residence. No. St. (City or town and State)

Length of stay: In place of death years month 23 days. In place of residence 25 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 7 1966  
(Month) (Day) (Year)I HEREBY CERTIFY That I attended deceased from  
Sept 14 1966 to Oct 7 1966  
I last saw him live on Oct 7 1966, death is said to  
have occurred on the date stated above, at 8:40 P.M.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart Disease

(b) arteriosclerosis - general

(c) Mesenteric Thrombosis

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

(Signature)

Joseph Greig M. D.

Dr. Joseph Greig (Print or Type Name)

(Address)

194 Winthrop St. Date 10-7-66

Riverside Cem. Lunenburg, Vermont

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 11th 1966

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby, Inc.

ADDRESS 917 Bennington St., E. Boston

Received and filed

OCT 10 1966  
John A. Clark

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Married  
DIVORCED  
UNKNOWN11 If married, widowed or divorced  
HUSBAND of Eva M. Boudreau  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 76 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Motor man-retired  
(Kind of work done during most of working life)

14 Industry or Business: MTA

15 Social Security No.

16 BIRTHPLACE (City) Lunenburg Vermont  
(State or country)

17 NAME OF FATHER Charles Lewis

18 BIRTHPLACE OF FATHER (City) New Hampshire  
(State or country)

19 MAIDEN NAME OF MOTHER Ada Daley

20 BIRTHPLACE OF MOTHER (City) New Hampshire  
(State or country)21 Informant Mrs. Eva M. Lewis wife  
91 Horace St., East 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:

Richard Greig (Signature of Agent of Board of Health or other)

Dir of Public Health  
(Official Designation)Oct 10, 1966  
(Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION.....U.S.A.  
DATE OF ENTERING MILITARY SERVICE.....9/22/17 Boston  
DATE OF DISCHARGE.....7/15/19 New York  
RANK, RATING.....Cook  
ORGANIZATION AND OUTFIT.....Infantry  
SERVICE NUMBER.....1656530

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OCT 10 '66 PM



OFFICE OF THE TOWN  
WINTHROP, MASS.

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Winthrop  
(City or Town making this return)

191

Registered No.

STANDARD  
CERTIFICATE OF DEATH

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No.

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

Mrs. Ethel L. Waddell (Eaton)

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) Permanent Residence. No.

9 Maple Rd.

Winthrop, Mass.

(City or town and State)

Length of stay: In place of death.....years.....months.....2 days. In place of residence 50 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 7 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Oct 5 1966 to Oct 7 1966  
I last saw him alive on Oct 7 1966 death is said to  
have occurred on the date stated above, at 4:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion, acute

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 days

Due To Arteriosclerotic Heart Disease

(b) 3 yrs.

Due To

(c) 5 yrs.

OTHER SIGNIFICANT CONDITIONS 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

(Signature) Charles Liberman M. D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS. Date 10/7/1966

6 Rome Cemetery, Rome, Ohio

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 11, 1966

7 NAME OF

FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed

OCT 10 1966  
John A. Clark

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND OF (Give maiden name of wife in full)

(or) WIFE of Theodore N. Waddell

(Husband's name in full)

12 AGE 87 Years 1 Months 13 Days If under 24 hours  
Hours Minutes

13 Usual Occupation Housewife  
(Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No.

16 BIRTHPLACE (City) Lawrence County  
(State or country) Ohio

17 NAME OF FATHER Robert Eaton

18 BIRTHPLACE OF FATHER (City) Lawrence County  
(State or country) Ohio

19 MAIDEN NAME OF MOTHER Jennie Miller

20 BIRTHPLACE OF MOTHER (City) Lawrence County  
(State or country) Ohio

21 Informant Robert A. Waddell (son)

(Address) 9 Maple Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard A. Clark  
(Signature of Agent of Board of Health or other)  
Director of Public Health Oct 8, 1966  
(Official Designation) (Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION .....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

OCT 1 1918



R-301

SUFFOLK

(County)

BOSTON

(City or Town)



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

192

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 00865

No. Massachusetts General Hospital BAKER MEMORIAL

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME. James B. Winston

(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) Permanent Residence. No. 48 Summit Avenue, Winthrop. Massachusetts

(City or town and State)

Length of stay: In place of death.....years.....months.....6.....days. In place of residence. 10.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 10, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
October 4, 1966, to October 10, 1966

We last saw him live on October 10, 1966 death is said to

have occurred on the date stated above, at 8.00 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bleeding esophageal varices

Due To Hepatic cirrhosis

(b)

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

(Signature) Charles L. Clay, M.D.

(Print or Type Name)

(Address) Asst. Dir. Mass. Gen'l. Hosp. Date 10-11-66

6 HOLY CROSS MALDEN, MASS.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL OCTOBER 13 1966

7 NAME OF FUNERAL DIRECTOR ERNEST P. CAGGIANO

ADDRESS 147 WINTHROP ST. WINTHROP, MASS.

Received and filed

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

MALE

9 COLOR

WHITE

10 SINGLE (write the word)

MARRIED

WIDOWED

DIVORCED

UNKNOWN

MARR

IED

11 If married, widowed or divorced  
HUSBAND of MARGARET BRADY

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE 52 Years 3 Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation MANAGER

(Kind of work done during most of working life)

14 Industry

or Business: TAVERN

15 Social Security No. 014-12-1635

16 BIRTHPLACE (City) EAST BOSTON, MASS  
(State or country)

17 NAME OF

FATHER

JAMES B. WINSTON

18 BIRTHPLACE OF

FATHER (City)

BOSTON, MASS.

(State or country)

19 MAIDEN NAME

OF MOTHER

JULIA DONOVAN

20 BIRTHPLACE OF

MOTHER (City)

IRELAND

(State or country)

21 Informant MARGARET WINSTON

(Address) 48 SUMMIT AVE. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death  
has been 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:

*William J. Kane.*  
City Registrar

NOV 4 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



M R-301

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Health  
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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 193

PLACE OF DEATH

SUFFOLK  
(County)WINTHROP, Mass  
(City or Town)

Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

WVL

2 FULL NAME John Ballou  
(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) Permanent Residence. No. 52 Fairview St., Winthrop, Mass.

2 days

(City or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 14, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
August, 1965 to Oct. 14, 1966  
I last saw him alive on Oct. 13, 1966, death is said to  
have occurred on the date stated above, at 6:55 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic  
Heart Disease

(b) Due To

OTHER SIGNIFICANT CONDITIONS Hypertrophied Prostate 1yr.  
Occlusive Arterial Disease 10yrs

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

(Signature) Charles Liberman, M. D.

(Print or Type Name)

(Address) WINTHROP, MASS. Date 10/14/1966

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 17 1966

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed OCT 17 1966

John A. Stark

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Evelyn Sawyer  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 67 Years 11 Months 13 Days If under 24 hours  
Hours Minutes13 Usual Occupation Treasurer retired  
(Kind of work done during most of working life)

14 Industry or Business Automobile agency

15 Social Security No. 012-05-3271

16 BIRTHPLACE (City) Winthrop Mass.  
(State or country)

17 NAME OF FATHER John S Ballou

18 BIRTHPLACE OF FATHER (City) East Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Martha Gerring

20 BIRTHPLACE OF MOTHER (City) Gloucester  
(State or country) Mass.

21 Informant Evelyn Ballou

(Address) 52 Fairview St. Winthrop, Mas

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin

(Signature of Agent of Board of Health or other)

Director of Public Health 10/17/66  
(Official Designation) (Date of Issue of Permit)

1396

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE...10/28/18.....

DATE OF DISCHARGE...12/7/18.....

RANK, RATING .....Private.....

ORGANIZATION AND OUTFIT.....U. S. Army.....

SERVICE NUMBER.....2801271.....

.....

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

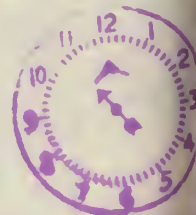
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

OCT 17 '66 AM



OFFICE OF THE TOWN  
ANTHROP, MA

THIS IS A PERMANENT RECORD 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.)

100M-5-6L-938000

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Waltham

194

(City or Town making this return)

PLACE OF DEATH

Middlesex

(County)

Waltham

(City or Town)

Middlesex County Sanatorium

No.

COPY OF

## CERTIFICATE OF DEATH

Registered No. 590

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Donald Robert MacPherson

(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) Permanent Residence. No. 9 Marshall

St. Winthrop, Mass.

(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 15 1966

(Month)

(Day)

(Year)

I HEREBY CERTIFY That I attended deceased from Oct. 10, 1966 to Oct. 15, 1966  
I last saw him alive on October 15, 1966  
have occurred on the date stated above, at 1:55 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary tuberculosis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

6 mos

Due To

(b)

Due To

(c)

Nutritional cirrhosis

OTHER  
SIGNIFICANT  
CONDITIONS

10 yrs

Was autopsy performed?

What test confirmed diagnosis? X-ray &amp; Sputum Exam.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

David Paine

(Signature) \_\_\_\_\_, M. D.

Waltham, Mass.

10.17/66

(Address) \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

Woodlawn, Everett, Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 19, 1966

7 NAME OF FUNERAL DIRECTOR Marsh Funeral Home

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed Nov. 10, 1966

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

Male White

11 If married, widowed, or divorced

HUSBAND of \_\_\_\_\_

(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_

(Husband's name in full)

12 AGE

15

Years

8

Months

18

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Bartender

(Kind of work done during most of working life)

14 Industry

or Business: Coley's Tole Revere, Mass.

15 Social Security No.

021-18-6648

16 BIRTHPLACE (City)

(State or country)

Cambridge, Mass.

17 NAME OF

FATHER Martin MacPherson

18 BIRTHPLACE OF

FATHER (City) cannot be learned

(State or country) cannot be learned

19 MAIDEN NAME

OF MOTHER Helen McKay

20 BIRTHPLACE OF

MOTHER (City) cannot be learned

(State or country) cannot be learned

21 Informant Middlesex County Sanatorium

(Address) 775 Trapelo Rd., Waltham, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

October 20, 1966



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

NOV 10 1966 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Registered No. 195

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

No. 131 Bowdoin St., Winthrop

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME JAMES H WALKER  
(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) Permanent Residence. No. 131 Bowdoin St., Winthrop St.  
City or town and State)

Length of stay: 1 of death 46 years.....months.....days. In place of residence 46 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 17, 1966  
(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.

Michael A. Luongo, M.D.  
(Print or Type Name) Date 10/18 1966

(Address) Boston

7 HILY CROSS MALDEN  
Place of Burial or Cremation. (City or Town)

DATE OF BURIAL OCT 20 1966

8 NAME OF FUNERAL DIRECTOR MAURICE W KIRBY  
ADDRESS WINTHROP MASS

Received and filed OCT 19 1966

A TRUE COPY ATTEST: John A. Clark (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)  
MALE WHITE MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN WIDOWED

12 If married, widowed, or divorced  
HUSBAND of ANNA M SULLIVAN  
(Give maiden name of wife in full)

(or) WIFE of .....  
(Husband's name in full)

13 AGE 76 Year Months Days If under 24 hours  
Hours Minutes

14 Usual Occupation: SALES MANAGER  
(Kind of work done during most of working life)

15 Industry or Business: MEAT PACKING

16 Social Security No. 028-07-6124

17 BIRTHPLACE (City) SOMERSET  
(State or country) MASS

18 NAME OF FATHER ALFRED S WALKER

19 BIRTHPLACE OF FATHER (City) N.S.  
(State or country)

20 MAIDEN NAME OF MOTHER CATHERINE J CARLIN

21 BIRTHPLACE OF MOTHER (City) BOSTON  
(State or country) MASS

22 Informant ALICE P COYLE  
(Address)

29 LIVERMORE ST BELMONT, MASS

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin B.  
(Signature of Agent of Board of Health or other)  
Director of Public Health 10/19/66  
(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.)"



M R-301

burial permit  
of Health  
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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 196

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 PHILIP WALLACE  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No  
WINTHROP

(a) Permanent Residence. No. 45 OCEAN AVE. St. (City or town and State)

Length of stay: In place of death. years. months. 7 days. In place of residence 13 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCT 19 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
JULY 7, 1966, to OCT 19 1966  
I last saw him alive on OCT 18 1966, death is said to  
have occurred on the date stated above, at 6:00 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERAL CARCINOMATOSIS

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 Mo.

Due To (b) CARCINOMA OF LEFT LUNG 1 YR.

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS NONE

Was autopsy performed? No

What test confirmed diagnosis? LABORATORY &amp; CLINICAL

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signature) Myron N. King M. D.

(Address) Myron N. King M.D.  
(Print or Type Name)  
WINTHROP MASS Date 10/19 19666 KADINKER W. ROXBURY  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL OCT 20 1966

7 NAME OF FUNERAL DIRECTOR Louis HYMANSON

ADDRESS LYNN, MASS.

Received and filed OCT 19 1966

John A. Clark  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED WIDOWED DIVORCED UNKNOWN MARRIED11 If married, widowed, or divorced HUSBAND of JEAN BRAND  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 59 Years 10 Months 15 Days If under 24 hours  
Hours Minutes13 Usual Occupation STEAM FITTER  
(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No. 034-01-7301

16 BIRTHPLACE (City) GLOUCESTER, MASS  
(State or country)

17 NAME OF FATHER ABRAHAM WALLACE

18 BIRTHPLACE OF FATHER (City) RUSSIA  
(State or country)

19 MAIDEN NAME OF MOTHER EVA - UNKNOWN

20 BIRTHPLACE OF MOTHER (City) RUSSIA  
(State or country)

21 Informant JEAN WALLACE - WIFE

(Address) 45 OCEAN 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 Griffin (M.D.)  
(Signature of Agent of Board of Health or other)Director of Public Health 10/19/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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.

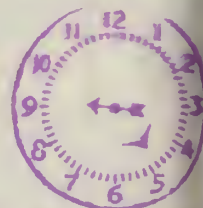
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

18 36 PM



OFFICE OF THE JUVENILE  
 WINTHROP, MASS.

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

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 MRS. FLORENCE SPRAGUE  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a  
U. S. War Veteran,  
if so specify WARI)(a) Permanent Residence. No. 27 SOUTH AVE., REVERE St. MASS.

(City or town and State)

Length of stay: In place of death, years months 16 days. In place of residence, years months 3 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 22 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
Dec 21, 1966, to October 22, 1966  
I last saw him alive on Oct. 21, 1966 death is said to  
have occurred on the date stated above, at 5:30 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchogenic Carcinoma 2 mos

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS osk arthritisWas autopsy performed? NoWhat test confirmed diagnosis? X-RAYS5 Was disease or injury in any way related to occupation of deceased?  
If so, specify No(Signature) H. B. Greenfield, M. D.447 Wintthrop (Print or Type Name)(Address) Wintthrop Date Oct 22 19666 Holy Cross Cem. ARLINGTON, N.Y.  
Place of Burial or Cremation (City or Town)DATE OF BURIAL Oct. 26, 19667 NAME OF FUNERAL DIRECTOR PAUL BOONFIGLIOADDRESS 128 REVERE ST. REVEREReceived and filed OCT 25 1966 19John A. Clark

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

FEMALE

9 COLOR

WHITE

10 SINGLE (write the word)

MARRIED

WIDOWED

DIVORCED

UNKNOWN

11 If married, widowed, or divorced

HUSBAND of EDGAR SPRAGUE  
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12

AGE

59

Years

7

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)

BROOKLYN  
N.Y.

17 NAME OF

FATHER

HAROLD ZINKE

18 BIRTHPLACE OF

FATHER (City)

BROOKLYN

(State or country)

N.Y.

19 MAIDEN NAME

OF MOTHER

MAY O'CONNELL

20 BIRTHPLACE OF

MOTHER (City)

BROOKLYN

(State or country)

N.Y.

21 Informant

(Address)

EDWARD DIORIO

27 SOUTH AVE. REVERE

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Gifford

(Signature of Agent of Board of Health or other)

Treasurer of Public Health Oct 25 1966

(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.

OCT 25 1916



OFFICE 5.

WINT. 1916. M.



## The Commonwealth of Massachusetts

KEVIN H. WHITE

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. 198

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)2 NAME OF FETUS  
(if given)

BABY GIRL SIMPSON

3 DATE OF  
DELIVERY

10-23-66

(Month) (Day) (Year)

4 SEX

Male... Female ☒ Undetermined5 COLOR (if  
determined)

W

6 THIS BIRTH (Check one)

Single ☒ Twin ☐ Triplet ☐

7 IF MULTIPLE BIRTH, BORN:

1st... 2nd... 3rd...

## FATHER

8

FULL  
NAME

ALBERT SIMPSON

## MOTHER

14

MAIDEN NAME

MARY SARACENO

PRESENT NAME

MARY SIMPSON

9 RESIDENCE, NO.

79 PEARL

STREET

CITY OR TOWN

EVERETT

STATE

MASS

15 RESIDENCE, NO.

79 PEARL

STREET

CITY OR TOWN

EVERETT

STATE

MASS

10 COLOR OR  
RACE

WHITE

11 AGE AT TIME OF  
THIS DELIVERY

32 (Years)

16 COLOR OR  
RACE

WHITE

17 AGE AT TIME OF  
THIS DELIVERY

36 (Years)

12 PLACE OF  
BIRTH

CINNATI

OHIO

(City or Town)

(State or country)

18 PLACE OF  
BIRTH

BOSTON, MASS

(City or Town)

(State or country)

13 OCCUPATION

ASST MANAGER SHOE CO.

19 INFORMANT

MARY SIMPSON

20 PREVIOUS DELIVERIES TO MOTHER  
(Do not include this fetus)

ONE

(a) How many children are  
now living?

ONE

(b) How many children were  
born alive but are now  
dead?

0

(c) How many previous fetal  
deaths of ANY gestation  
age?

ONE

21 LENGTH OF  
PREGNANCY  
completed weeks

6 MOS.

22 Weight Lb. 3 Oz. 11  
OF FETUS  
(or Grams)23 WHEN DID FETUS DIE?  
Before ☐ During Labor ☒ Delivery ☐ Unknown ☐

24 AUTOPSY

Yes

No ☒

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertension - Toxemia of mother

Due To (b)

Due To (c)

OTHER SIGNIFICANT  
CONDITIONS

26 Place of Burial or Cremation

Everett

(City or Town)

DATE OF BURIAL

Oct 25

1966

27 NAME OF  
FUNERAL DIRECTOR

Salvatore Roscannon

ADDRESS

331 Main St Everett

Received and filed

OCT 27 1966

19

John A. Stark  
(Registrar)

A TRUE COPY ATTEST

I HEREBY CERTIFY that this delivery occurred on the date stated  
above at 236P., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:

Salvatore Scelso

M.D.

SALVATORE SCELISO

(PRINT OR TYPE NAME)

Address

520 COMMONWEALTH

Date

10-23-66

BOSTON, MASS

I HEREBY CERTIFY that a satisfactory certificate of fetal death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Gifford

(Signature of Agent of Board of Health or other)

Director of Public Health Oct 27, 1966

(Official Designation)

(Date of Issue of Permit)

OCT 24 56 PM



## FETAL DEATH

OFFICE OF THE TOWN CLERK

WINTHROP, MASS

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.



SUFFOLK

WINTHROP

(City or Town)

En route to Winthrop Community Hospital

No.

St.

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

SIMON

SLATER

(First Name)

(Middle Name)

(Last Name)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No.

17 Irwin Street,

Winthrop

City or town and State)

Length of stay: 1 of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 28, 1966  
(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.)THERMAL BURNS  
SMOKE INHALATION

5 Accident, suicide, or homicide (specify) Accident.

Date and hour of injury October 28, 1966

IF ACCIDENTAL, was injury causally related to the death? yes

Where did injury occur? Winthrop, Mass.  
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in  
public place? Home.Manner of injury Conflagration of house.  
(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 10/28 1966

Winthrop Gen. Everett

Place of Burial or Cremation. (City or Town)

DATE OF BURIAL Oct. 30, 1966

8 NAME OF FUNERAL DIRECTOR Arnold Golov

ADDRESS 1668 Beacon St. Brookline

Received and filed John A. Clark 1966

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Registered No. 199

PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran. No  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR White 11 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Married12 If married, widowed, or divorced  
HUSBAND of Esther Lackow  
(Give maiden name of wife in full)

(or) WIFE of (husband's name in full)

13 AGE 77 Year Months Days If under 24 hours  
Hours Minutes14 Usual Occupation: Mfg. Dress Cutter  
(Kind of work done during most of working life)

15 Industry Business: Retired

16 Social Security No.

17 BIRTHPLACE (City) Boston Mass.  
(State or country)

18 NAME OF FATHER Joseph Slater

19 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

20 MAIDEN NAME OF MOTHER Betty (unknown)

21 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)22 Informant Shirley Slater  
(Address) 17 Irwin St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin Jr.  
(Signature of Agent of Board of Health or other)  
Director of Public Health Oct 30 '66  
(Official Designation) (Date of Issue of Permit)

OCT 31 '66 A

SPACE FOR ADDITIONAL INFORMATION .....

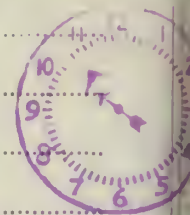
DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....



OFFICE OF THE TOWN

WINTHROP, MA

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.)"

M R-301

burial permit  
of Health  
Agent.

TIONS

IFICATE

TYPE  
CAUSES  
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Medical examiner notified - referred to Board of Health.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 204 Cottage Park Road

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Lura Christiana Gushee (Wheeler)

(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. 204 Cottage Park Road

(Usual place of abode)

St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death 18 years.....months.....days. In place of residence 13 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 30, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....I last saw h.....alive on....., 19....., death is said to  
have occurred on the date stated above, at 7:30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death presumably due to

(b) Due To natural causes.

(c) Due To Winthrop Board of Health  
Charles Liberman M.D.OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Charles Liberman M. D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS. Date 10/30/1966

6 Winthrop Cemetery, Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 2, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed NOV 1 1966

John A. Clark

(Registrar)

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

Winthrop

(City or Town making this return)

Registered No.

200

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No.

(a) Residence. No. 204 Cottage Park Road

(Usual place of abode)

St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death 18 years.....months.....days. In place of residence 13 years.....months.....days.

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED widowed  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Harry Nelson Gushee  
(Husband's name in full)12 AGE 74 Years 3 Months 3 Days If under 24 hours  
Hours Minutes13 Usual Occupation housewife  
(Kind of work done during most of working life)

14 Industry or Business own home

15 Social Security No. 033-34-9425

16 BIRTHPLACE (City) Woodbury  
(State or country) Vermont

17 NAME OF FATHER Alfred Harrison Wheeler

18 BIRTHPLACE OF FATHER (City) Woodbury  
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Lizzie Arabelle

20 BIRTHPLACE OF MOTHER (City) Calais / Wheelock  
(State or country) Vermont

21 Informant Alfred Lynn Wheeler

(Address) Hardwick, Vermont

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard S. Smith

(Signature of Agent of Board of Health or other)

Director of Public Health NOV 1 1966

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:



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.

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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.

NOV 1 1966



OFFICE OF THE IN

WINTHROP, MA

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Wakefield  
(City or Town making this return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 301

PLACE OF DEATH

Middlesex  
(County)

Wakefield  
(City or Town)

No. Wakefield Nursing Home

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Ethel M. 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, No

(a) Residence. No. 28 Washington Avenue  
(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 4 years, months, days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
July 6, 1955, to October 4, 1966  
I last saw him alive on Sept. 30, 1966, death is said to  
have occurred on the date stated above, at 4:45 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Encephalomalacia 3 yrs  
(b) Cerebral vascular accident 5 yrs  
(c) Arteriosclerosis 10 yrs

OTHER SIGNIFICANT CONDITIONS Aneurysm of abdominal aorta 1 yr

Was autopsy performed? No  
What test confirmed diagnosis? Examination

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Robert Dutton, M. D.

(Address) Wakefield, Mass. Date 10/4/1966

6 Spring Street Essex  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 6, 1966

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St., Winthrop

Received and filed NOV 1 1966

(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 DIVORCED UNKNOWN Single

11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

12 AGE 85 Years 3 Months 26 Days If under 24 hours Hours Minutes

13 Usual Occupation Housework  
(Kind of work done during most working life)

14 Industry or Business At Home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) (East) Boston Mass.

17 NAME OF FATHER Henry Sampson

18 BIRTHPLACE OF FATHER (City) (State or country) Duxbury Mass.

19 MAIDEN NAME OF MOTHER Ruth M. Low

20 BIRTHPLACE OF MOTHER (City) (State or country) (East) Boston Mass.

21 Informant Henry F. Sampson  
(Address)

18 Roberts St., Wakefield, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED October 5 1966

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.)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

NOV 18 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS



OUT - OF - TOWN.

The Commonwealth of Massachusetts

RM R-301

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(County)CHELSEA  
(City or Town)KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 534

No. CHELSEA SOLDIERS HOME HOSP. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Hugh BURDITT  
JOHN HUGH BURDITT  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WARI) W. W. T. T.(a) Permanent Residence. No. 152 BARTLETT RD. WINTHROP, MASS.  
(City or town and State)

Length of stay: In place of death 4 years 9 months 23 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER 7 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
NOVEMBER 21, to OCTOBER 7, 1966I last saw alive on OCTOBER 7, 1966 death is said to  
have occurred on the date stated above, at 4:24 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL VASCULAR ACCIDENT

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

MOMENTS

(b) Due To (Cerebral vascular accident)

(c) Due To (Essential hypertension;  
(Right hemiparesis))OTHER SIGNIFICANT CONDITIONS ESSENTIAL HYPERTENSION 1958  
RT HEMI-PARESIS

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(Signature) Sherwood Macnamara M. D.  
SHERWOOD MACNAMARA, M.D.  
(Print or Type Name)

SOLDIERS' HOME CHELSEA 10/7/66

6 Wintthrop Cemetery, Wintthrop Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL OCT 11 1966 B. H. R.

7 NAME OF FUNERAL DIRECTOR M. RICE or FIRBY

ADDRESS 210 WINTHROP ST  
WINTHROP MASS.

Received and filed 10/11/66

A TRUE COPY ATTACHED

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED WIDOWED  
DIVORCED UNKNOWN11 If married, widowed, or divorced  
HUSBAND of DOROTHY RENDIE  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 62 Years 8 Months 9 Days If under 24 hours  
Hours Minutes13 Usual Occupation CUSTODIAN  
(Kind of work done during most of working life)

14 Industry or Business: Not known

15 Social Security No UNKNOWN

16 BIRTHPLACE (City) PROVIDENCE  
(State or country) R. I.

17 NAME OF FATHER HARRY Burditt

18 BIRTHPLACE OF FATHER (City) BROOKLYN  
(State or country) N. Y.

19 MAIDEN NAME OF MOTHER SARAH MacISAAC

20 BIRTHPLACE OF MOTHER (City) NOVA SCOTIA  
(State or country)

21 Informant HOSP RECORDS - SOLDIERS HOME HOSP

(Address) CHELSEA, MASS.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued.Sherwood Macnamara M.D.  
(Signature of Agent of Board of Health or other)AGENT BOARD OF HEALTH 10/12/66  
(Official Designation) (Date of Issue of Permit)

6 966

1132

A TRUE COPY ATTEST:

*John P. Dalo*

City Clerk

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

9-12-42

DATE OF DISCHARGE.....

11-14-45

RANK, RATING *SHIPFITTER*.....

*1st U.S.N. R.*

ORGANIZATION AND OUTFIT.....

*U.S.N. R.*

SERVICE NUMBER.....

*6078677*

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

DEC 6 '66 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

RECEIVED

OCT 12 1966

BOARD OF HEALTH

filed for burial permit  
with Board of Health  
or its Agent.

OR TYPE THE CAUSE OR CAUSES OF DEATH ON DEATH CERTIFICATES.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 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.

100M-5-6U-938000

PLACE OF DEATH

BRISTOL

(County)

FALL RIVER

(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FALL RIVER

(City or Town making this return)

Registered No.

1365

UNION HOSPITAL

No.

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN—IMPORTANT

2 FULL NAME

ROBERT NISENSEN

(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) Permanent Residence. No.

226 GROVERS AVE.

St.

WINTHROP, MASS.

(City or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....13.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

OCTOBER

7

1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)  
ACUTE CORONARY 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? .....

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) OTHILIA V. PETERSON

M. D.

(Print or type Name)

(Address) 140 WINTER ST.

Date 10-7-66

7 BETH ISRAEL CEM. No. READING, MASS.

Place of Burial or Cremation.

(City or Town)

DATE OF BURIAL OCT. 9

19. 66

8 NAME OF FUNERAL DIRECTOR

LEVINE FUNERAL HOME

ADDRESS

BROOKLINE, MASS.

Received and filed

OCT. 17

19. 66

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR

11 SINGLE

(write the word)

MALE

WHITE

MARRIED

WIDOWED

DIVORCED

UNKNOWN

MARRIED

12 If married, widowed, or divorced

HUSBAND of

Pearl Pizer

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

13

AGE

53

Years

7

Months

13

Days

If under 24 hours

Hours

Minutes

14 Usual Occupation:

OWNER

(Kind of work done during most of working life)

15 Industry or Business:

PRINTING CO.

16 Social Security No.

17 BIRTHPLACE (City)

CLEVELAND

(State or country)

OHIO

18 NAME OF FATHER

HARRY NISENSEN

19 BIRTHPLACE OF FATHER (City)

(State or country)

RUSSIA

20 MAIDEN NAME OF MOTHER

KATIE LOWENTHAL

21 BIRTHPLACE OF MOTHER (City)

(State or country)

RUSSIA

22 Informant (Address)

MRS. PEARL NISENSEN

WINTHROP, MASS.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued;

ROMAYNE F. McKENNA, MD

(Signature of Agent of Board of Health or other)

HC

10-7-66

(Official Designation)

(Date of Issue of Permit)



NOV 14 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS

OUT - OF - TOWN

The Commonwealth of Massachusetts

204

R-301

SUFFOLK

(County)

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

PLACE OF DEATH

CHELSEA

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 550

No. CHELSEA MEMORIAL HOSPITAL

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

## PHYSICIAN — IMPORTANT

2 FULL NAME HAROLD CLARKE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a Yes  
U. S. War Veteran, if so specify WAR. 1

(a) Permanent Residence. No. 265 COURT RD., WINTHROP, MASS.

(City or town and State)

Length of stay: In place of death, years months 3 days In place of residence 25 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 17, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
10/13, 1966, to October 17, 1966  
I last saw him alive on October 17, 1966, death is said to  
have occurred on the date stated above, at 8:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 days

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis Gram Stain 10/15/66

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Thomas E. Wallace, M. D.

(Print or Type Name)

(Address) 257 Beach St. Date 10/17/1966

6 Woodlawn Cem Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 20 1966 19

7 NAME OF FUNERAL DIRECTOR Murray &amp; Murray Inc.

ADDRESS 262 Beach St. Revere.

Received and filed Oct 20 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED married  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Kathryn Larivee  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 57 years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Lawyer  
(Kind of work done during most of working life)

14 Industry or Business Law

15 Social Security No.

16 BIRTHPLACE (City) Revere  
(State or country)

17 NAME OF FATHER Harold Clarke

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Grant

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country)21 Informant Mrs Kathryn Clarke  
265 Court Rd. Wintthrop  
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Donald F. Redington  
(Signature of Agent of Board of Health or other)Health Officer Oct 19, 1966  
(Official Designation) (Date of Issue of Permit)

6166

11327

A TRUE COPY ATTEST:

*John P. Davis*  
City Clerk

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE..... 18 Feb 1942

DATE OF DISCHARGE..... 25 Oct 1945

RANK, RATING..... Sgt.

ORGANIZATION AND OUTFIT..... Army

SERVICE NUMBER..... 11046137

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from a disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

DEC 6 '66 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

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PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Massachusetts General Hospital BAKER MEMORIAL

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Maureen A. Leary.

(If deceased 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) Permanent Residence. No. 235 Washington Avenue, Winthrop, Massachusetts

(City or town and State)

Length of stay: In place of death.....years.....1.....months.....days. In place of residence.....1.....years.....8.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 19, 1966

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from September 24, 66 to October 19, 66

Last saw alive on October 19, 1966, death is said to

have occurred on the date stated above, at 3.25 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Malignant melanoma - disseminated

Due To Primary lesion scapula skin mole

(b) 3 years

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signature) Charles L. Clay, M.D.

(Print or Type Name)

(Address) Ann't. Dir., Mass. Gen'l. Hosp., Detc. 10-19-66

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 10-22-1966

7 NAME OF FUNERAL DIRECTOR DANIEL F. O'Brien

ADDRESS 907 MASS Ave, Camb. Mass

Received and filed OCT 24 1966

William J. Kane

(Registrar)

A TRUE COPY ATTEST:

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 10102

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN MARRIED

11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of PAUL K. LEARY  
(Husband's name in full)

12 AGE 26 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) Winthrop  
(State or country) MASS

17 NAME OF FATHER William J. McDonald

18 BIRTHPLACE OF FATHER (City) Winthrop  
(State or country) MASS

19 MAIDEN NAME OF MOTHER Eileen Sheehan

20 BIRTHPLACE OF MOTHER (City) Lowell  
(State or country) MASS

21 Informant PAUL K. LEARY - Husband

(Address) 235 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) OCT 30, 1966

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

DEC 1 - 1864



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

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PLACE OF DEATH

**OUT-OF-TOWN**  
**SUFFOLK**  
(County)  
**BOSTON**  
(City or Town)



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON  
(City or Town making this return)

**STANDARD  
CERTIFICATE OF DEATH**

Registered No.

10191

No. **MASSACHUSETTS GENERAL HOSPITAL** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME **Elanore F. Riley (Nimblett)** (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) Permanent Residence. No. **32 Cottage Avenue** St. **Winthrop, Mass.** (City or town and State)

Length of stay: In place of death.....years.....months **5** days. In place of residence. **20** years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **October 21, 1966**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Oct. 16, 1966** to **October 21, 1966**

I last saw ~~her~~ alive on **October 21, 1966**, death is said to have occurred on the date stated above, at **2:50 p.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
**SUBARCHNOID HEMORRHAGE**

(a) **MASSIVE** DAYS

Due To **ANEURYSM ANTERIOR**

(b) **CEREBRAL ARTERY** DAYS

Due To **CYST OF RIGHT ADRENAL**

(c) **CHRONIC PANCREATITIS** YRS.

OTHER  
SIGNIFICANT  
CONDITIONS

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

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

(Signature) **Charles L. C. [Signature]**, M. D.

(Address) **Asst. Dir., Mass. Gen. Hosp.** Date **Oct. 21, 1966**

6 **Winthrop** **Winthrop**  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **October 24, 1966**

7 NAME OF FUNERAL DIRECTOR **Howard S. Reynolds**

ADDRESS **Winthrop, Mass.**

Received and filed **OCT 26 1966**

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **white** 10 SINGLE (write the word) **MARRIED**  
**WIDOWED** **Married**  
**DIVORCED**  
**UNKNOWN**

11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Frederick F. Riley**  
(Husband's name in full)

12 AGE **40** Years **5** 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 **Own home**

15 Social Security No. **012-22-8467**

16 BIRTHPLACE (City) **Fishers Island**  
(State or country) **New York**

17 NAME OF FATHER **John F. Nimblett**

18 BIRTHPLACE OF FATHER (City) **Danvers**  
(State or country) **Mass.**

19 MAIDEN NAME OF MOTHER **Ruth Abbott**

20 BIRTHPLACE OF MOTHER (City) **Rhode Island**  
(State or country)

21 Informant **Frederick F. Riley**

(Address) **32 Cottage 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:

**Eugene [Signature]** **Oct 23 1966**  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



A TRUE COPY ATTACHED

*William J. Kane.*  
City Registrar

SEP 1 - 1893



OFFICE OF THE CITY CLERK  
WILMINGTON, DE.

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 10252

Veterans Administration Hospital

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

Alfred A. MORRISSETTE

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, WW2  
if so specify WAR)

(a) Permanent Residence. No. 191 Woodside Avenue Winthrop, Mass.

(City or town and State)

Length of stay: In place of death, 3 years, 2 months, 2 days. In place of residence, 5 years, months, days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 24 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That VA attended deceased from  
July 22 66 to October 24 66

death is said to  
have occurred on the date stated above, at 8:05 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary hemorrhage and  
pneumonia secondary to aplastic  
anemia

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
days

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes  
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify No

(Signature) Howard Ledewitz, M. D.

Howard Ledewitz

(Print or Type Name)

(Address) VAH, Boston, Mass Date Oct. 25, 66

6 Winthrop Cem., Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 27 1966

7 NAME OF FUNERAL DIRECTOR Kirby Funeral Home

ADDRESS 917 Bennington St. E. Boston, Mass

Received and filed OCT 27 1966

William J. Kane

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Married  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced  
HUSBAND of Loretta Berube  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

12 AGE 48 years 0 Months 4 Days If under 24 hours  
Hours Minutes

13 Usual Occupation Leather Buffer  
(Kind of work done during most of working life)

14 Industry or Business American Biltwrite

15 Social Security No. 005 07 6907

16 BIRTHPLACE (City) Canada  
(State or country)

17 NAME OF FATHER Philip Morrisette

18 BIRTHPLACE OF FATHER (City) Canada  
(State or country)

19 MAIDEN NAME OF MOTHER Laura Beauchene

20 BIRTHPLACE OF MOTHER (City) Canada  
(State or country)

21 Informant V. A. Hospital Records  
150 So. Huntington Ave.  
Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Robert J. Kane  
(Signature of Agent or Board of Health or other)  
F 01780  
(Official Designation)

(Date of Issue of Permit)

10/25/66

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

DEC 1 - '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



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CITY OF BOSTON

Commonwealth of Massachusetts

PLACE OF DEATH

Suffolk  
(County)  
Boston  
(City or Town)



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 10413

No. New England Baptist Hospital  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME Mr. Alexander Struzziero  
(If deceased 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) Permanent Residence. No. 466 Pleasant st. Winthrop, Mass.  
(City or town and State)

Length of stay: In place of death, years months 22 days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 27 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from October 5, 1966 to October 27, 1966  
I last saw him alive on October 27, 1966 Death is said to have occurred on the date stated above, at 6:00 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hodgkin's Disease

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS RENAL STONES

Was autopsy performed? No

What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) John W. Norcross, M. D.  
NORCROSS  
(Print or Type Name)

(Address) Boston, Mass. Date 10/27/66

6 Holy Cross Cem. Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 29, 19 66

7 NAME OF FUNERAL DIRECTOR A. Theodore Struzziero

ADDRESS 493 Somerville Ave. Som.

Received and filed NOV 1 1966

William J. Kane  
(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED  
MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced HUSBAND of Jennie Misseri  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 69 Years 1 Months - Days If under 24 hours Hours Minutes

13 Usual Occupation Funeral Director  
(Kind of work done during most of working life)

14 Industry or Business: Funeral

15 Social Security No. 030-26-7831

16 BIRTHPLACE (City) Taurasi, Avellino, Italy  
(State or country)

17 NAME OF FATHER Ausilio Struzziero

18 BIRTHPLACE OF FATHER (City) Taurasi, Avellino, Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Carolina Palermo

20 BIRTHPLACE OF MOTHER (City) Taurasi, Avellino, Italy  
(State or country)

21 Informant Mrs. Jennie Struzziero  
(Address) 466 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.

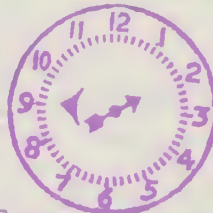
James E. Leonard 501875  
(Signature of Agent of Board of Health or other)

Oct 28 1966  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

DEC 1 - '88 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

RM R-301

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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

209

PLACE OF DEATH

SUFFOLK  
(County)

WINTHROP  
(City or Town)



## STANDARD CERTIFICATE OF DEATH

Registered No. ....  
(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

No. WINTHROP COMMUNITY HOSPITAL  
LINCOLN STREET  
2 FULL NAME MR. FRED J. CARTIER  
(If deceased 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  
WINTHROP, Mss.

(a) Permanent Residence. No. .... St. ....  
(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 1ST, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
August, 19.66 to Nov. 1, 19.66

I last saw him alive on Oct. 31, 19.66, death is said to  
have occurred on the date stated above, at 2:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Pancreas

Due To  
(b)

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Polycythemia

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
2 months

2 yrs.

Was autopsy performed? No  
What test confirmed diagnosis? Operative, pathological

5 Was disease or injury in any way related to occupation of deceased No  
If so, specify

(Signature) Charles Liberman  
CHARLES LIBERMAN, M.D.

(Address) 238 SHORE DRIVE, Nov. 1, 1966  
WINTHROP, MASS.

6 St. Patricks, Natick Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 4, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed NOV 3 1966  
John A. Stark

A TRUE COPY ATTEST:

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced  
HUSBAND of EVELYN M. CARTIER Curtin  
(Give maiden name of wife in full)

(or) WIFE of .....  
(Husband's name in full)

12 AGE 64 Years 11 DAYS If under 24 hours  
Hours Minutes

13 Usual Occupation Retired Advertising  
(Kind of work done during most of working life)

14 Industry or Business News Advertising

15 Social Security No. ....

16 BIRTHPLACE (City) Natick MASS.  
(State or country)

17 NAME OF FATHER PROSPER A. CARTIER

18 BIRTHPLACE OF FATHER (City) ASHLAND, MASS.  
(State or country)

19 MAIDEN NAME OF MOTHER Louise Mathieu

20 BIRTHPLACE OF MOTHER (City) NATICK, MASS.  
(State or country)

21 Informant Evelyn Cartier  
(Address) 356 Winthrop St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin  
(Signature of Agent of Board of Health or other)

Director of Public Health 11/3/66  
(Official Designation) (Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING.....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RM R-301

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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 KATHERINE RUBBICCO (MAGALDI)  
(If deceased 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) Permanent Residence. No. 47 TAPLEY AVE. St. REVERE, MASS.

(City or town and State)

Length of stay: In place of death, 4 years, months, 4 days. In place of residence, 52 years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 3 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
10/29, 1966, to Nov 3, 1966.I last saw him alive on Nov 3, 1966, death is said to  
have occurred on the date stated above, at 10:50 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 hours

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Marked Obesity

4 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

(Signature) D. J. Petito M.D.

(Print or Type Name)

(Address) 128 Bennett St. Date 11-3-66

6 Holy Cross Cemetery malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 7, 1966

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 REVERE ST. Revere

Received and filed NOV 7 1966

John A. Lark

A TRUE COPY ATTEST

(Registrar)

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 210

(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) Permanent Residence. No. 47 TAPLEY AVE. St. REVERE, MASS.

(City or town and State)

Length of stay: In place of death, 4 years, months, 4 days. In place of residence, 52 years, months, days.

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR white 10 SINGLE (write the word)  
MARRIED married  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)  
(or) WIFE of Frank Rubbico  
(Husband's name in full)12 AGE 72 Years - Months - Days If under 24 hours  
Hours Minutes13 Usual Occupation Housework  
(Kind of work done during most of working life)

14 Industry or Business at Home

15 Social Security No.

16 BIRTHPLACE (City) new york, n.y.  
(State or country)

17 NAME OF FATHER Phillip Magaldi

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Isabella De Marco

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)21 Informant Mr Frank Rubbico  
(Address) 47 Tapley Ave RevereI HEREBY CERTIFY that satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard J. Lark  
(Signature of Agent of Board of Health or other)Director of Public Health 11/7/66  
(Official Designation) (Date of Issue of Permit)

NOV 7 '66

SPACE FOR ADDITIONAL INFORMATION.....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING.....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths 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.



burial permit  
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INSTRUCTIONS  
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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## STANDARD CERTIFICATE OF DEATH

Registered No. 211

No. 65 Bellevue Ave.

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME Julia Viglione (D'Eboli)

(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) Permanent Residence. No. 65 Bellevue Ave.

st. Winthrop

(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 Nov. 6, 1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from  
JAN 14, 1963, to, NOV 6, 1966.

I last saw her alive on NOV 6, 1966, death is said to  
have occurred on the date stated above, at 5:45 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arterio-sclerotic Heart

Due To (b) Severe Arterio-sclerosis for 3 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 50 yrs  
TOTAL Blindness 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

(Signature) Dominic P. Potito M.D.

(Print or Type Name)

(Address) 17a Bennington St. Date 11/7 1966  
East Boston

6 Winthrop Cemetery, Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 10, 1966

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV 18 1966  
John A. Stark

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Angelo Viglione (Husband's name in full)

12 AGE 85 Years 3 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.

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER Pasquale D'Eboli

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Adelaide Rucci

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Pasquale Viglione 65 Bellevue Ave., Winthrop (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (Signature of Agent of Board of Health or other)  
Director of Public Health NOV 10-66 (Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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.

NOV 10 185 PM



OFFICE OF THE TOWN CLERK  
 WINTHROP, MASS.

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWINTHROP MASS  
(City or Town making this return)

PLACE OF DEATH

SUFFOLK  
(County)WINTHROP  
(City or Town)STANDARD  
CERTIFICATE OF DEATH

Registered No. 212

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 ADELMAN JACOB Adelman  
(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) Permanent Residence. No. 40 WILLOW AVE St. WINTHROP MASS.  
(City or town and State)Length of stay: In place of death.....years.....months.....days. In place of residence 21 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOVEMBER 7 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
19..... death is said to  
I last saw him on NOV 7 1966  
have occurred on the date stated above, at 7:40 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL VASCULAR ACCT  
UREMIA(b) ARTERIO-SCLEROTIC HEART  
DISEASE(c) HYPERTENSIVE HEART DISEASEOTHER SIGNIFICANT CONDITIONS LEFT HEMIPLEGIA  
FROM PREVIOUS CEREBRALWas autopsy performed? NOWhat test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased NO  
If so, specify(Signature) Myron N. Keing M. D.  
MYRON N. KEING MD  
(Print or Type Name)(Address) 222 PLEASANT ST Date 11/7 1966  
WINTHROP6 Workmens Circle, West Roxbury  
Place of Burial or Cremation (City or Town)DATE OF BURIAL November 8 19667 NAME OF FUNERAL DIRECTOR Morris W. BrezniakADDRESS 470 Harvard St., BrooklineReceived and filed NOV 8 1966 19.....

A TRUE COPY ATTEST

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Widowed  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced Sadie Foss  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 83 Years.....Months.....Days If under 24 hours  
Hours.....Minutes13 Usual Occupation Carpenter  
(Kind of work done during most of working life)14 Industry or Business: Self employed Builder15 Social Security No. c/n/b/116 BIRTHPLACE (City) Poland  
(State or country)17 NAME OF FATHER Hyman Adelman18 BIRTHPLACE OF FATHER (City) c/n/b/1  
(State or country) Poland19 MAIDEN NAME OF MOTHER Hannah (unknown)20 BIRTHPLACE OF MOTHER (City) c/n/b/1  
(State or country) Poland21 Informant Mrs. Mollie Weidleman  
(Address) 40 Willow Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffiths  
(Signature of Agent of Board of Health or other)  
Director of Public Health Nov 8/66  
(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.

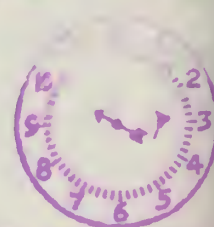
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

NOV 8 1896 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

RM R-301

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PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No.

WINTHROP COMMUNITY HOSPITAL

2 FULL NAME ELIZABETH ( McKay ) SHEEHAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 37 ENDICOTT AVE St. REVERE

(City or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 12 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 8 - 1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1966, to Nov 8, 1966

I last saw her alive on Nov 8, 1966 death is said to have occurred on the date stated above, at 11:43 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

Due To Coronary Artery Dis

(b)

(c)

OTHER SIGNIFICANT CONDITIONS Arthritis

Was autopsy performed? No  
What test confirmed diagnosis? Clinical Findings5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signature) John F. Collins M.D., M. D.

(Print or Type Name)

(Address) 27 Bennington St. Revere Mass Date 8 Nov 1966

6 CALVARY Boston  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 11 1966

7 NAME OF FUNERAL DIRECTOR FREDERICK J. MAGRATH

ADDRESS East Boston

Received and filed Nov 14 1966

A TRUE COPY ATTEST

(Registrar)

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 213

(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  
DIVORCED  
UNKNOWN Widowed11 If married, widowed, or divorced  
HUSBAND of(or) WIFE of JAMES SHEEHAN  
(Give maiden name of wife in full)  
(Husband's name in full)12 AGE 76 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. C.H.D.L.

16 BIRTHPLACE (City) NEWF.  
(State or country)

17 NAME OF FATHER THOMAS MCKAY

18 BIRTHPLACE OF FATHER (City) IRELAND  
(State or country)

19 MAIDEN NAME OF MOTHER JOHANNA

20 BIRTHPLACE OF MOTHER (City) NEWF.  
(State or country)

21 Informant Joseph A. Joy

(Address) 865 BROADWAY Somerville

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffith Jr.  
(Signature of Agent of Board of Health or other)Director of Public Health Nov 9, 1966  
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

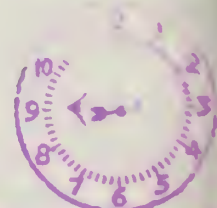
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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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.

NOV 19 1955 AM



OFFICE OF THE TOWN CLERK

WINTHROP MASS



RM R-301

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWinthrop  
(City or Town making this return)STANDARD  
CERTIFICATE OF DEATH

Registered No. 214

PLACE OF DEATH

Suffolk

(County)

Winthrop, Mass

(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 Winnie F. Bloom (Flower)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a U. S. War Veteran, no  
also specify WAR)Crest Haven Rest Home 57 Sagamore Ave. 66 Winthrop Shore Dr.  
(a) Permanent Residence. No. Crest Haven Nursing Home St. Shore Drive, Winthrop

(City or town and State)

Length of stay: In place of death years months 10 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 12 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Nov 66, to Nov 12, 1966.I last saw her alive on Nov 11, 1966, death is said to  
have occurred on the date stated above, at 2:45 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart Disease

Due To (b) arteriosclerosis - gen

Due To (c) senility

OTHER SIGNIFICANT CONDITIONS Bronchial Asthma

Was autopsy performed? No

What test confirmed diagnosis? No

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signature) Joseph G. Grogan, M. D.

(Print or Type Name)

(Address) 1946 Washington St., Date 11-12, 1966

6 Custom Tailors West Roxbury

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 13, 1966

7 NAME OF FUNERAL DIRECTOR Levine Chapel, Inc.

470 Harvard St., Brookline

Received and filed NOV 14 1966

John A. Clark

(Registrar)

A TRUE COPY ATTEST:

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED DIVORCED UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Abraham I. Bloom (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 86 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Housewife  
(Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No. c/n/b/l/

16 BIRTHPLACE (City) c/n/b/l/ Russia  
(State or country)

17 NAME OF FATHER Joseph L. Flower

18 BIRTHPLACE OF FATHER (City) c/n/b/l/ Russia  
(State or country)

19 MAIDEN NAME OF MOTHER Bertha (unknown)

20 BIRTHPLACE OF MOTHER (City) c/n/b/l/ Russia  
(State or country)

21 Informant Mr. Harold Bloom

(Address) 99 Westchester Rd., Newton

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Grogan (Signature of Agent of Board of Health or other)  
Dir of Public Health 11/13/66 (Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

NOV 14 '66 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWINTHROP  
(City or Town making this return)STANDARD  
CERTIFICATE OF DEATH

Registered No. 245

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 - JOSE FOSK SKOLNICK (Solomon)  
(If deceased 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) Permanent Residence. No. 58 SUMMIT AVENUE WINTHROP MASS  
(City or town and State)

Length of stay: In place of death 1 years 7 months 7 days. In place of residence 8 years 8 months 8 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 11/12/66  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
AUG 2, 19/1952 to Nov 13, 1966

I last saw her alive on Nov 12, 1966 death is said to

have occurred on the date stated above, at 5:25 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA OF RECTUM

Due To (b) GENERALIZED METASTASIS

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS NONE

Was autopsy performed? No

What test confirmed diagnosis? BIOPSY

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) Myron H. King, M.D.

(Address) 222 FLESA, Date 11/13/66

6 Sharon Mem Park Sharon Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 14, 1966

7 NAME OF FUNERAL DIRECTOR Morris W Brezniak

ADDRESS 470 Harvard Street Bkln Mass

Received and filed NOV 14 1966 Clark

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED married  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Max Skolnick  
(Husband's name in full)12 AGE 62 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. 023-20-2682

16 BIRTHPLACE (City) Boston Mass.  
(State or country)

17 NAME OF FATHER Louis Solomon

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER Frieda Kaplan

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Max Skolnick  
58 Summit Ave. Winthrop mass  
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Steffens  
(Signature of Agent of Board of Health or other)  
Sir. of Public Health 11/13/66  
(Official Designation) (Date of Issue of Permit)

✓



SPACE FOR ADDITIONAL INFORMATION .....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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 Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

NOV 14 1965 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

RM R-301

burial permit  
of Health  
Agent.

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PLACE OF DEATH

1

SUFFOLK

(County)

WINTHROP

(City or Town)

No.

WINTHROP COMMUNITY HOSPITAL

FRANCES ( SACCO ) SARRO

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 142 ST ANDREW RD

St. EAST BOSTON

(City or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 39 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 16, 1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 24, 1965, to Nov. 16, 1966

I last saw her alive on Nov. 16, 1966 death is said to

have occurred on the date stated above, at 9:10 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Infiltrating Duct Carcinoma  
of left breast with

(b) Generalized metastases

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

(Signature) Maurice Traunstein, Jr., M.D.

Maurice Traunstein, Jr., M.D.

(Print or Type Name)

(Address) 73 Bartlett Road Date Nov. 16, 1966

Wintthrop, Mass.

6 Holy Cross Cemetery, Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL November 19th 1966

7 NAME OF

FUNERAL DIRECTOR

Richard C. Kirby, Inc.

ADDRESS 917 Bennington St., E. Boston

Received and filed

NOV 18 1966

19

John A. Clark

A TRUE COPY ATTEST

(Registrar)

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

218

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William Sarro

(Husband's name in full)

12

AGE 39 years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation

Housewife

(Kind of work done during most of working life)

14 Industry

or Business

At home

15 Social Security No.

022-20-1230

16 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

17 NAME OF

FATHER

Frank Sacco

18 BIRTHPLACE OF

FATHER (City)

East Boston

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Elizabeth Boitano

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass.

21 Informant

Mr. William Sarro-husband

(Address)

142 St. Andrew Rd., E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (M.D.)

(Signature of Agent of Board of Health or other)

Director of Public Health

(Date of Issue of Permit)

11/17/66

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.

NOV 18 '66 AM



OFFICE OF THE  
 WINTHROP, MASS.



R-303

for burial permit  
and of Health  
Agent.

N. B. - WRITE PLAINLY and 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.

100M-5-64-938000

SUFFOLK

(County)

WINTHROP

(City or Town)

D/O/A Winthrop Community Hospital

No.

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Registered No. 217

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)}

2 FULL NAME HERBERT William CULLETON, Sr.  
(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, No  
if so specify WAR)}

(a) Permanent Residence. No. 46 Durso Avenue, Malden  
St. (City or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 52 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 18, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof  
are as follows: (If an injury was involved, state fully.)

Acute 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? ..... 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 (Print or Type Name) Date 11/18/66

7 Forest Dale Cemetery, Malden  
Place of Burial or Cremation, (City or Town)

DATE OF BURIAL November 21, 1966

8 NAME OF FUNERAL DIRECTOR Colin H. Dennis  
ADDRESS 144 Salem Street, Malden

Received and filed NOV 21 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR White 11 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
DIVORCED  
UNKNOWN

12 If married, widowed or divorced  
HUSBAND of Thelma E. Buchanan

(Give maiden name of wife in full)

(or) WIFE of .....  
(Husband's name in full)

13 AGE 52 Years 6 Months 21 Days If under 24 hours  
Hours Minutes

14 Usual Occupation: Driver  
(Kind of work done during most of working life)

15 Industry or Business: Rapid Transit

16 Social Security No. Can-not-be-learned

17 BIRTHPLACE (City) Malden Mass.  
(State or country)

18 NAME OF FATHER John P. Culleton

19 BIRTHPLACE OF FATHER (City) Prince Edward Island  
(State or country)

20 MAIDEN NAME OF MOTHER Margaret Phillips

21 BIRTHPLACE OF MOTHER (City) Prince Edward Island  
(State or country)

22 Informant Thelma E. Culleton  
(Address) 46 Durso Avenue Malden

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin  
(Signature of Agent of Board of Health or other)

Sir of Public Health NOV 21, 1966  
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

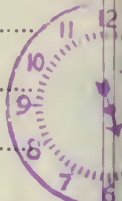
DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

NOV 21 1917



OFFICE OF THE

WINTHROP

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (gas bacillus), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection 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.)"



ed for burial permit  
ard of Health  
Agent.

STRUCTIONS  
FOR  
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Medical Examiner declined jurisdiction - turned over to Winthrop Board of Health

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 14 Bates Ave.

2 FULL NAME NORMAN A. BROWN  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 14 Bates Ave.  
(Usual place of abode)

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, WW I  
if so specify WAR)

St. Winthrop, Mass.  
(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 November 19, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said to  
have occurred on the date stated above, at 5:00 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PRESUMABLY OF NATURAL

(b) CAUSES

(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

(Signature) Myron H. King M.D. M. D.

Myron H. King M.D.

(Print or Type Name)

222 Pleasant St., Winthrop 11/19/66

(Address) (Date)

Winthrop Board of Health

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 23, 1966

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV 21 1966

John A. Clark (Registrar)

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

### STANDARD CERTIFICATE OF DEATH

Registered No. 218

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED married  
UNKNOWN

11 If married, widowed, or divorced  
HUSBAND of Ethelinda Best  
(Give maiden name of wife in full)

(or) WIFE of.....  
(Husband's name in full)

12 AGE 77 Years 9 Months 6 Days If under 24 hours  
Hours Minutes

13 Usual Occupation Retired Garageman  
(Kind of work done during most of working life)

14 Industry or Business H. P. Hood & Son

15 Social Security No. 023-09-1818

16 BIRTHPLACE (City) Winthrop, Mass.  
(State or country)

17 NAME OF FATHER Samuel A. Brown

18 BIRTHPLACE OF FATHER (City) Woodsville  
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Ida Haggerston

20 BIRTHPLACE OF MOTHER (City) Winthrop  
(State or country) Mass.

21 Informant Mrs. Ethelinda Brown  
14 Bates Ave., Winthrop  
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (B)

(Signature of Agent of Board of Health or other)

Director of Public Health Nov 21 1966

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

NOV



SPACE FOR ADDITIONAL INFORMATION.....  
 DATE OF ENTERING MILITARY SERVICE.....September 30, 1918.....  
 DATE OF DISCHARGE.....December 13, 1918.....  
 RANK, RATING.....recruit.....  
 ORGANIZATION AND OUTFIT.....U.S. Army 4th Recruit Company.....  
 SERVICE NUMBER.....3604440.....

#### 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.

NOV 21 1918 AM



MASS.



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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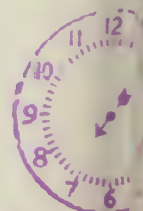
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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22



MIN 14' 12'





NOV 28 '66



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

SPACE FOR ADDITIONAL INFORMATION .....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
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**RULES OF PRACTICE**

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*Medical Examiner in Leonzo notified  
Called back and released the body  
Kmtwong*

FORM R-301

burial permit  
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PLACE OF DEATH

Suffolk

(County)  
Winthrop

(City or Town)

Boston  
12-5-66



The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 221

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME Bruno Gatti  
(If deceased 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) Permanent Residence. No. 16 Wordsworth Street St. East Boston

(City or town and State)

Length of stay: In place of death... years... months... 7 days. In place of residence... 42 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 26, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased, from  
Oct. 11, 1966, to Nov. 26, 1966  
I last saw him alive on Nov 25, 1966, death is said to  
have occurred on the date stated above, at 9:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia (Terminal)  
(b) Carcinoma of lung  
(c) Pleural effusion

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

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

(Signature) Joseph G. Gattone M. D.  
(Print of Type Name) JOSEPH G. GATTONE  
(Address) 194 High Street Date 11-28, 1966

6 Woodlawn Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 29, 1966

7 NAME OF FUNERAL DIRECTOR Anthony P. Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed November 29, 1966

A TRUE COPY ATTEST

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word) MARRIED married WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced HUSBAND of Gina Travaglini  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 71 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: Boston Naval Shipyard

15 Social Security No. 032-03-4434

16 BIRTHPLACE (City) Boston, Mass.  
(State or country)

17 NAME OF FATHER Bartolomeo Gatti

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Coradina Gatti (same)

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)

21 Informant Gina Gatti (wife)

(Address) 16 Wordsworth 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:  
Richard Griffin  
(Signature of Agent of Board of Health or other)  
Director of Public Health Nov 29, 1966  
(Official Designation) (Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION .....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

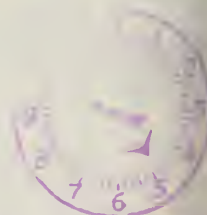
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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

---

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

NOV 24 '66



WINDY 1966

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 33 COTTAGE AVE

STANDARD  
CERTIFICATE OF DEATH

Registered No. 222

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME DOROTHY V (PERKINS) COLLAR

(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) Permanent Residence. No. 33 COTTAGE AVE st. WINTHROP

(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 Nov. 28 1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from August 19, 1965 to Nov. 28, 1966

I last saw her alive on Nov. 28, 1966, death is said to have occurred on the date stated above, at 1:45 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Breast

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

18 mos.

(b) Due To

(c) Due To

(c) Due To

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? NO  
What test confirmed diagnosis? Clinical Surgical5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signature) Charles Liberman M. D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS. Date 11/29/1966

6 WOODLAWN EVERETT  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 30 1966

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP, MASS.

Received and filed Nov. 30, 1966

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
FEMALE WHITE MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN WIDOWED11 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of FRED C. COLLAR  
(Husband's name in full)12 AGE 59 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation HOME MAINTENANCE  
(Kind of work done during most of working life)

14 Industry or Business HOME

15 Social Security No. 630-22-6484

16 BIRTHPLACE (City) EVERETT  
(State or country) MASS

17 NAME OF FATHER JOHN PERKINS

18 BIRTHPLACE OF FATHER (City) WALES  
(State or country)

19 MAIDEN NAME OF MOTHER RHODA BROWN

20 BIRTHPLACE OF MOTHER (City) BIRMINGHAM  
(State or country) ENGLAND21 Informant FRED C. COLLAR  
(Address) 33 COTTAGE AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (M.D.)  
(Signature of Agent of Board of Health or other)  
Director of Public Health 11/29/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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

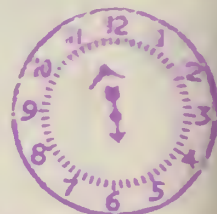
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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.

NOV 30 1886 AM



OFFICE OF THE HEALTH COMMISSIONER  
 WINTHROP MASS



## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Lynn

(City or Town making this return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 223

No. 70 Granite (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Flora E. Dodge (Beal)  
(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) Permanent Residence. No. 59 Cottage Ave. st. Winthrop  
(Usual place of abode) (City or town and State)

Length of stay: In place of death 3 years 3 months days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 29, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2/21, 1963, to 11/29, 1966

I last saw her alive on 11/28, 1966, death is said to

have occurred on the date stated above, at 1:15 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic cardio-renal disease

(b) Due To

(c) Due To

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

(Signature) I. S. Tolpin, M. D.

44 Myrtle St.

(Address) Lynn, Mass. Date 11/29, 1966

6 Village Strong, Maine  
(City or Town)

DATE OF BURIAL Dec. 2, 1966

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed Dec 17 1966

John A. Clark

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word) MARRIED wid. WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Winfield S. Dodge (Husband's name in full)

12 94 Years 3 Months 5 Days If under 24 hours AGE 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. 007-30-7198

16 BIRTHPLACE (City) Avon (State or country) Maine

17 NAME OF FATHER George F. Beal

18 BIRTHPLACE OF FATHER (City) Avon (State or country) Maine

19 MAIDEN NAME OF MOTHER Mary A. Brown

20 BIRTHPLACE OF MOTHER (City) Freeman (State or country) Maine

21 Informant Francis B. Dodge

59 Cottage Ave. Winthrop (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 1, 1966

MARGIN RESERVED FOR 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.)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

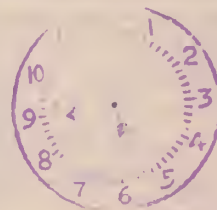
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DEC 7 '66 AM



CLERK  
MASS.

DEC '66 AM



CLERK  
MASS.

RM R-301

burial permit  
of Health  
Agent.DUCTIONS  
OR  
CERTIFICATER TYPE  
CAUSES  
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PLACE OF DEATH

SUFFOLK

(County)

WINTHROP MASS

(City or Town)

WINTHROP COMMUNITY HOSPITAL

No.

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD

## CERTIFICATE OF DEATH

Registered No. 224

{(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) NO2 FULL NAME MONTGOMERY ELLEN (Cleary)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Permanent Residence. No. 22 WILLOW AVE WINTHROP MASS

10

WINTHROP MASS

(City or town and State)

Length of stay: In place of death, years, months, days. In place of residence 40 years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOV 29 96  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
NOV 1957, to NOV 29 1966I last saw him alive on NOV 29 1966 death is said tohave occurred on the date stated above, at 325 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) HYPERTENSIVE + ARTERIAL(b) Due To SCLEROTIC HEART DISEASE(c) WITH CONGESTIVE FAILURE(c) Due To LEFT BRANCH BLOCK 7 yrsOTHER SIGNIFICANT CONDITIONS GOUTY ARTHRITISWas autopsy performed? NoWhat test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signature) Myron N. King, M. D.MYRON N. KING M.D.

(Print or Type Name)

(Address) 222 Pleasant St WINTHROP MASS Date 11/29 19666 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)DATE OF BURIAL DEC 2 19667 NAME OF FUNERAL DIRECTOR MURDICE W. KIRBYADDRESS WINTHROPReceived and filed DEC 1 1966 19John A. Griffin

(Registrar)

A TRUE COPY ATTEST

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN WIDOWED

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of WILLIAM J. MONTGOMERY

(Husband's name in full)

12 AGE 54 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.

16 BIRTHPLACE (City) EAST BOSTON MASS  
(State or country)17 NAME OF FATHER JAMES CLEARY18 BIRTHPLACE OF FATHER (City) IRELAND  
(State or country)19 MAIDEN NAME OF MOTHER (UNKNOWN) STEVENS20 BIRTHPLACE OF MOTHER (City) ENGLAND  
(State or country)21 Informant THOMAS MONTGOMERY  
(Address) 22 WILLOW AVE WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin  
(Signature of Agent of Board of Health or other)Director of Public Health 12/1/66  
(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.

DEC 1 - '66 PM



OFFICE OF TOWN CLERK  
WINTHROP, MASS.

For burial permit  
and of Health  
Agent.  
INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

not enter  
than one  
for each  
(b) and (c)

does not mean  
of dying,  
heart failure,  
etc. It means  
e, or compli-  
which caused

ns, if any,  
ave rise to  
ause (a),  
the under-  
ause last.

ians contrib-  
death but not  
the terminal  
dition given

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Peter Bent Brigham Hospital

2 FULL NAME Mrs. Mabel Schaalman (Longton)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 10 Charles Street, St. Winthrop, Mass.

Length of stay: In place of death, years, months, 14 days. In place of residence, 30 years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 31 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That we attended deceased from  
Oct. 17, 19. 66, to Oct. 31, 19. 66  
We last saw her live on Oct. 31, 1966 death is said to  
have occurred on the date stated above, at 10:10 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary embolism

(b) Arteriosclerosis of

(c) Due To coronary arteries

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes  
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signature) S. Ralph Himmelhoch, M. D.  
(Print or Type Name)

(Address) PBBH Date Nov. 1, 1966

6 Woodlawn Crematory Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 3 1966

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed

NOV 4 1966

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

225

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 10555

{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 Widow  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of Karl H. Schaalman  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 80 Years 8 Months 4 Days 11 under 24 hours  
Hours Minutes

13 Usual Occupation Housewife  
(Kind of work done during most of working life)

14 Industry or Business At Home

15 Social Security No. 022-07-3871

16 BIRTHPLACE (City) Brooklyn  
(State or country) New York

17 NAME OF FATHER Unable to obtain

18 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country)

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country)

21 Informant Kent Schaalman

(Address) 230 Sylvester Rd. San Francisco Cal.

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 020 72  
(Official Designation)

11/2/66  
(Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane*

DEC 19 '66 AM



CLERK OF THE TOWN CLERK  
WINTHROP, MASS.



For burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
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,  
have rise to  
cause (a),  
the under-  
cause last.

conditions contrib-  
to death but not  
the terminal  
condition given

OUT - OF - TOWN

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

226

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

10833

No. New England Medical Center Hospitals

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Christos P. Apostolakis  
(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) Permanent Residence. No. 17 Paine St.

Winthrop, Mass.

(City or town and State)

Length of stay: In place of death, 18 years, months, days. In place of residence, years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 10, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased on  
Oct. 23, 1966, to Nov. 10, 1966I last saw him alive on Nov. 10, 1966, death is said to  
have occurred on the date stated above, at 6:50 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Gastro-intestinal hemorrhage 3 days

(b) Obstructive liver disease 2 months

(c) Carcinoma of pancreas 2 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? No  
If so, specify(Signature) Christos P. Apostolakis, M.D.  
Christos P. Apostolakis(Address) New England Medical Center  
Mass. (Print or Type Name) Date 10 NOV 19666 Westlawn Cemetery Lowell  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 14, 1966

7 NAME OF FUNERAL DIRECTOR Robert T. Morse

ADDRESS 22 Princeton Blvd Lowell Mass.

Received and filed NOV 15 1966

William J. Kane

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED widowed  
WIDOWED  
DIVORCED  
UNKNOWN11 If married, widowed, or divorced  
HUSBAND of Para (Paulos) Apostolakis  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 77 Years Months Days 13 Usual Occupation Laborer  
(Kind of work done during most of working life)

14 Industry or Business American Hide &amp; Leather Co.

15 Social Security No 027-05-1859

16 BIRTHPLACE (City) St. John  
(State or country) SPARTA, Greece

17 NAME OF FATHER Peter Apostolakis

18 BIRTHPLACE OF FATHER (City) St. John  
(State or country) SPARTA, Greece

19 MAIDEN NAME OF MOTHER Anastasia Kelepouris

20 BIRTHPLACE OF MOTHER (City) St. John  
(State or country) SPARTA, Greece21 Informant Mr. Nicholas Apostolakis  
(Address) 335 Walker, St, Lowell, 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:

*William J. Kane*

DEC 19 '66 AM



CLERK OF THE TOWN CLERK  
WINTHROP, MASS.

FORM R-301

For burial permit  
rd of Health  
Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

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for each  
(b) and (c)

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heart failure,  
etc. It means  
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OUT - OF - TOWN

Suffolk

(County)

Boston

(City or Town)

No.

Veterans Administration Hospital

2 FULL NAME

FRANCIS J. DOLAN

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Permanent Residence. No.

36 Charles

St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death years month 30 days. In place of residence life months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 10 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That ~~the~~ deceased from  
October 11, 1966 to November 10, 1966

~~On~~ death is said to  
have occurred on the date stated above, at 10:10 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
Pulmonary edema and plural  
effusion, bilateral, severe.

(a) Due To Left ventricular hypertrophy  
(b) of heart (Mos.) End stage kidneys,  
(c) bilateral. (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? No  
If so, specify

(Signature) Robert H. Dailey, M. D.  
Robert H. Dailey, M.D.  
(Print or Type Name)  
(Address) VAH Boston, Mass. Date Nov. 11 1966

6 Winthrop cemetery, Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 14, 1966

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed NOV 16 1966

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

227

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 10926

(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, WW2  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced  
HUSBAND of Mildred Fish  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

12 AGE 60 Years 3 Months 1 Days If under 24 hours  
Hours Minutes

13 Usual Occupation Elevator Operator  
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 242-484-01C-05-32-00

16 BIRTHPLACE (City)... Boston  
(State or country) Massachusetts

17 NAME OF FATHER John Dolan

18 BIRTHPLACE OF FATHER (City)... Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Dwyer

20 BIRTHPLACE OF MOTHER (City)... Canada  
(State or country)

VA Hospital Records, 150 So.  
21 Informant Huntington Ave., 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)

(Official Designation) (Date of Issue of Permit)



A TRUE COPY ATTEST:

*William J. Kane*

of burial permit  
of Health  
Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

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death but not  
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condition given

OUT OF TOWN

PLACE OF DEATH

SUFFOLK  
(County)BOSTON  
(City or Town)

No. BETH ISRAEL HOSPITAL

2 FULL NAME WALTER F. HARTT  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 1203 BOYLSTON ST. BOSTON, MASS.

Length of stay: In place of death, 10 HRS. In place of residence, 18 years, months, days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOVEMBER 11, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from NOV. 11, 1966, to NOV. 11, 1966.

I last saw him alive on NOV. 11, 1966 death is said to have occurred on the date stated above, at 10:45 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebellar hemorrhage (recurrent)

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(Signature) Howard V. Ginsburg, M. D.  
HOWARD V. GINSBURG  
(Print or Type Name)

(Address) 330 BROOKLINE AVE. Date NOV. 12, 1966

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 15, 1966

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed NOV 16 1966

A TRUE COPY ATTEST:

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

228

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 10959

If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran if so specify WARI WW# 2

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED Married WIDOWED Divorced UNKNOWN

11 If married, widowed, or divorced HUSBAND of Eleanor Knowlton (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 60 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Accountant (Kind of work done during most of working life)

14 Industry or Business Colonial Provision

15 Social Security No. 024-01-1425

16 BIRTHPLACE (City) Boston (State or country) Mass

17 NAME OF FATHER Albert P. Hartt

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

19 MAIDEN NAME OF MOTHER Margaret Belanger

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

21 Informant Eleanor Hartt

(Address) 1203 Boylston St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

*William J. Kane*

DEC 19 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



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Agent.

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X OUT OF TOWN

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

229

(City or Town making this return)

11120

Registered No.

STANDARD  
CERTIFICATE OF DEATH

No. MASSACHUSETTS GENERAL HOSPITAL

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Wilmer Turner

(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) Permanent Residence. No. 15 Green Street

St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death years months 35 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 18, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
October 13, 1966, to November 18, 1966.  
I last saw him live on November 18, 1966 death is said to  
have occurred on the date stated above, at 1:55 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hepatic Failure

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
Yrs

Due To (b) Post Necrotic Cirrhosis

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

(Signature) Charles L. Clay, M.D.

Charles L. Clay, M.D.

(Print or Type Name)

(Address) Asst. Dir., Mass. Gen'l. Hosp. Date Nov. 18, 1966.

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 21, 1966

7 NAME OF FUNERAL DIRECTOR Ernest Plaggiano

ADDRESS 147 Winthrop St Winthrop, Mass.

Received and filed NOV 22, 1966

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED DIVORCED UNKNOWN Married

11 If married, widowed or divorced  
HUSBAND of Laura M Moore  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

12 AGE 77 Years 9 Months 30 Days If under 24 hours  
Hours Minutes

13 Usual Occupation Labor  
(Kind of work at most of working life)

14 Industry or Business Rubber Mfg.

15 Social Security No.

16 BIRTHPLACE (City) Portland  
(State or country) Maine

17 NAME OF FATHER Thomas Turner

18 BIRTHPLACE OF FATHER (City) Maine  
(State or country)

19 MAIDEN NAME OF MOTHER Edora Hamilton

20 BIRTHPLACE OF MOTHER (City) Maine  
(State or country)

21 Informant Mrs Laura Turner

(Address) 55 Freeman St Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with the BEFORE the burial or transit permit was issued:  
W. J. Charnal E 02705  
(Signature of Agent of Board of Health or other)

Nov 19, 1966

A TRUE COPY ATTEST:

*William J. Kane*

DEC 19 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

R-301

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD

## CERTIFICATE OF DEATH

Registered No.

230

WINTHROP COMMUNITY HOSPITAL

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)2 FULL NAME Mary E. Tholen  
(If deceased 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) Permanent Residence. No. 16 Fairmount St. St. Everett, Mass  
(City or town and State)Length of stay: In place of death, 6 years, 6 months, 6 days. In place of residence, 6 years, 6 months, 6 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 1, 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Nov. 25, 1966 to December 1, 1966I last saw her alive on Dec 1, 1966, death is said to  
have occurred on the date stated above, at 5:50 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary occlusion (massive) min.(b) Arteriosclerosis general yrs(c) abdominal aneurysm ?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(Signature) Joseph Carr, M. D.(Print or Type Name)  
(Address) 194 Washington St. Date 12-1 19666 Holy Cross Malden, Mass.  
Place of Burial or Cremation (City or Town)DATE OF BURIAL December 5, 19667 NAME OF FUNERAL DIRECTOR Joseph A. Carr  
Sweeney Funeral HomeADDRESS 350 Broadway, Everett, Mass.Received and filed DEC 5 1966 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Widowed

11 If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Herman Henry Tholen  
(Husband's name in full)12 AGE 76 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Housewife  
(Kind of work done during most of working life)14 Industry or Business: At Home15 Social Security No. 011-09-4276A16 BIRTHPLACE (City), County Cork,  
(State or country) Ireland17 NAME OF FATHER Michael Desmond18 BIRTHPLACE OF FATHER (City), County Cork,  
(State or country) Ireland19 MAIDEN NAME OF MOTHER Johanna Driscoll20 BIRTHPLACE OF MOTHER (City), County Cork,  
(State or country) Ireland21 Informant John Tholen (Son)(Address) 16 Fairmount St., Everett, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin (B)  
(Signature of Agent of Board of Health or other)  
Director of Public Health 12/5/66  
(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.

DEC 5 '66 PM



OFFICE OF

WINT

FILE

1966

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

## STANDARD CERTIFICATE OF DEATH

Registered No. 231

PLACE OF DEATH

SUFFOLK  
(County)

WINTHROP  
(City or Town)

No. CLIFF HOUSE NURSING HOME 170 CLIFF AVE (If death occurred in a hospital or institution, give its NAME instead of street and number)

### PHYSICIAN — IMPORTANT

2 FULL NAME WILLIAM SHANNON  
(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 BEACON STREET, CLIFF HOUSE 170 CLIFF AVE St. WINTHROP  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 4 years months days. In place of residence 54 years months days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 11, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from JAN. 1965 to DEC. 11, 1966.  
I last saw him alive on 12/9/1966, death is said to have occurred on the date stated above, at 1:00 P.M.

### DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease  
Due To (b) DISEASE

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

(Signature) Charles Liberman, M. D.  
CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS. Date 12/11/1966

6 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL DEC 14, 1966

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP

Received and filed 1966

John A. Clark  
(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
MALE WHITE MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN SINGLE

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 92 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Cashier - Retired  
(Kind of work done during most working life)

14 Industry or Business:

15 Social Security No. 012-78-4833 T

16 BIRTHPLACE (City) BOSTON  
(State or country) MASS

17 NAME OF FATHER WILLIAM SHANNON

18 BIRTHPLACE OF FATHER (City) NEW BRUNSWICK  
(State or country)

19 MAIDEN NAME OF MOTHER BRIDGET MCGOVERN

20 BIRTHPLACE OF MOTHER (City) EAST BOSTON  
(State or country) MASS

21 Informant OLD AGE DEPT. WINTHROP  
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me, BEFORE the burial or transit permit was issued:

Richard Griffin, Jr.  
(Signature of Agent of Board of Health or other)  
Director of Public Health 12/12/66  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

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.

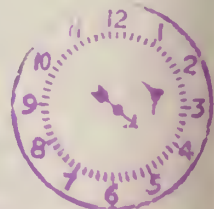
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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 12 '66 AM



OFFICE OF THE TOWN CLERK  
 WINTHROP, MASS



The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Cambridge 232  
(City or Town making this return)

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

Cambridge City Hospital

No.

COPY OF

CERTIFICATE OF DEATH

Registered No. 1779

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME Joseph L. Fitzgerald

(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) Permanent Residence. No. 811 Shirley St.

St. Winthrop, Mass.

(City or town and State)

Length of stay: In place of death 11 years 3 months 4 days. In place of residence 3 years 4 months 4 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 12, 1966

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1966 to Dec. 1, 1966  
I last saw him alive on Dec. 1, 1966 death is said to have occurred on the date stated above, at 12:15 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Rerforation of Diverticulum

of sigmoid

Due To

(b) Peritonitis

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Chronic Arteriosclerosis

yes

10yrs.

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

Edward T. Downey

(Signature) M. D.

475 Comm. Ave. 12-13 66

(Address)

Boston

Winthrop Cem.

Winthrop

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 15, 1966

7 NAME OF FUNERAL DIRECTOR Daniel A. Wiles

ADDRESS 3 Dexter Row, Charlestown

Received and filed JAN 5 1967

(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 DIVORCED UNKNOWN Married

11 If married, widowed, or divorced HUSBAND of Mary C. Dunlea (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 71 Years - Months - Days If under 24 hours Hours Minutes

13 Usual Occupation Clerk Retired (Kind of work done during most of working life)

14 Industry or Business Waterfront

15 Social Security No. 029-10-1296A

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER Nicholas Fitzgerald

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Margaret Hagan

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Mary C. Fitzgerald

(Address) 811 Shirley St. Winthrop, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 14, 1966

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

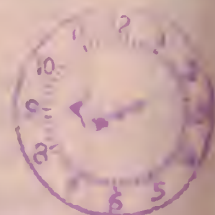
RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return)

Suffolk  
(County)Winthrop  
(City or Town)

No. 28 Bowdoin

STANDARD  
CERTIFICATE OF DEATH

Registered No.

233

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

## PHYSICIAN — IMPORTANT

2 FULL NAME Joseph E. Granara  
(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) Permanent Residence. No. 28 Bowdoin

St.

(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 Dec. 12 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
April 5, 191950 to Dec 12, 1966  
I last saw him alive on Dec 11, 1966 death is said to  
have occurred on the date stated above, at 3:15 P.M.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cirrhosis of Liver

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

10 mos.

Due To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis? PHILICIA

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify NO(Signature) Charles J. Ferreira, M. D.  
Charles J. Ferreira  
(Print or Type Name)

(Address) 154 Bayview Street Date 12/13 1966

6 Holy Cross Malden

Place of Burial or XXXXX (City or Town)

DATE OF BURIAL December 15, 1966

7 NAME OF FUNERAL DIRECTOR Leo M. Norton  
287 Main St. Malden

ADDRESS

Received and filed DEC 13 1966 19

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Widowed11 If married, widowed, or divorced  
HUSBAND of Nora E. Daley  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 71 Years 9 Months 4 Days If under 24 hours  
Hours Minutes13 Usual Occupation Chauffeur retired  
(Kind of work done during most of working life)

14 Industry or Business Trucking Co.

15 Social Security No. 021 09 0782A

16 BIRTHPLACE (City) Boston  
(State or country) Massachusetts

17 NAME OF FATHER John Granara

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Elizabeth Roach

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Massachusetts21 Informant Elizabeth Granara  
28 Bowdoin St. Winthrop  
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transfer permit was issued:Richard Griffin (tick)  
(Signature of Agent of Board of Health or other)Director of Public Health 12/13/66  
(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.

DEC 15 '66 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS

burial permit  
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# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP  
(City or Town making this return)

SUFFOLK

(County)

PLACE OF DEATH

WINTHROP

(City or Town)

## STANDARD CERTIFICATE OF DEATH

Registered No. 234

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 MCINNIS JOHN J (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) Permanent Residence. No. 1 HOBSON AVE WILMINGTON MASS St. (City or town and State)  
1 HOUR IN HOSPITAL

Length of stay: In place of death years months days. In place of residence 10 years months days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 15, 1966 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN 1966 to DEC 15 1966. I last saw him alive on DEC 15 1966 death is said to have occurred on the date stated above, at 6:55 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ~~Obstructive Occlusion~~ and Due To Myocardial Infarction (b)

Due To HYPERTENSIVE ARTERIO-SCLEROTIC HEART DISEASE (c)

OTHER SIGNIFICANT CONDITIONS No

Was autopsy performed? No What test confirmed diagnosis Clinico

5 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) CHARLES LIBERMAN M. D. (Print or Type Name)

(Address) WINTHROP MASS Date 12/15/1966

6 Holy Cross Place of Burial or Cremation MALDEN (City or Town)

DATE OF BURIAL Dec 19 1966

7 NAME OF FUNERAL DIRECTOR Frederick J. MAGRATH

ADDRESS East Boston

Received and filed DEC 19 1966 John A. Clark (Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN

11 If married, widowed or divorced HUSBAND of MARY LE MOURE (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 56 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Electrician (Kind of work done during most of working life)

14 Industry or Business Retired

15 Social Security No. 028-09-3846

16 BIRTHPLACE (City) East Boston MASS (State or country)

17 NAME OF FATHER CORNELIUS MCINNIS

18 BIRTHPLACE OF FATHER (City) East Boston MASS (State or country)

19 MAIDEN NAME OF MOTHER Helen D'Arcy

20 BIRTHPLACE OF MOTHER (City) Chelsea MASS (State or country)

21 Informant MARY MCINNIS (Address) 1 Hobson Ave. Wilmington

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (Signature of Agent of Board of Health or other) 12/19/66 (Official Designation) (Date of Issue of Permit)

Medical Examiner notified

Jurisdiction

Medical Examiner notified

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.

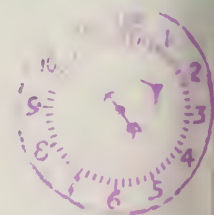
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(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 19 '05





for burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
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DEATH

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## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

PLACE OF DEATH

SUFFOLK  
(County)WINTHROP  
(City or Town)STANDARD  
CERTIFICATE OF DEATH

Registered No. 235

No. 100 BAYVIEW AVE  
(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)  
**PHYSICIAN — IMPORTANT**

2 FULL NAME PETER J CARAMELLO  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(Was deceased a  
U. S. War Veteran, *NW II*  
if so specify WAR)

(a) Permanent Residence. No. 100 BAYVIEW AVE St. (City or town and State)  
(Usual place of abode)

Length of stay: In place of death 6 years months days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 17, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Sept, 1966, to Dec. 17, 1966  
I last saw him live on Dec. 17, 1966, death is said to  
have occurred on the date stated above, at 3:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion  
(b) Arteriosclerotic Heart  
Disease  
(c)

INTERVAL  
BETWEEN  
ONSET AND  
DEATH1 DAY  
1 yr.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

(Signature) Charles Liberman, M. D.  
CHARLES LIBERMAN  
(Print or Type Name)

(Address) WINTHROP, MASS. Date 12/18/1966

6 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL DEC. 20 1966

7 NAME OF FUNERAL DIRECTOR MAURICE W KIRBY

ADDRESS WINTHROP MASS

Received and filed DEC 18 1966 19

John P. P. R. B.

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
MALE WHITE MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN MARRIED

11 If married, widowed, or divorced  
HUSBAND of CLAUDE A. STUART  
(Give maiden name of wife in full)

(or) WIFE of CLAUDE A. STUART  
(Husband's name in full)

12 AGE 46 Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation WELDER  
(Kind of work done during most of working life)

14 Industry or Business GENERAL ELECTRIC

15 Social Security No. 050-14-3134

16 BIRTHPLACE (City) REVERE  
(State or country) MASS

17 NAME OF FATHER JAMES V CARAMELLO

18 BIRTHPLACE OF FATHER (City) ITALY  
(State or country)

19 MAIDEN NAME OF MOTHER ANNA (UNKNOWAN)

20 BIRTHPLACE OF MOTHER (City) ITALY  
(State or country)

21 Informant CLAUDE A STUART

(Address) 100 BAYVIEW AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin

(Signature of Agent of Board of Health or other)

Director of Public Health 12/19/66  
(Official Designation) (Date of Issue of Permit) V.B. V

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

Oct. 24, 1943

DATE OF DISCHARGE.....

October 16, 1945

RANK, RATING.....

AIR CORPS S/SGT AERIEL GUNNER

ORGANIZATION AND OUTFIT.....

AIR CORPS.

SERVICE NUMBER.....

31-422-172

Date of birth 7/14/20

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

DEC 19 1943 PM



TOWN CLERK

WINT. P. MASS.

burial permit  
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Agent.

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PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

Boston  
1-6-64



The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

236

No. WINTHROP COMMUNITY HOSPITAL

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME

MARTORANO, ANTHONY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) WW11

(a) Permanent Residence. No. 7 ANTRIM ST E BOSTON MASS St.

(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 Dec 21 66  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Dec 21, 19 66, to Dec 21, 19 66

I last saw him alive on Dec 21, 19 66 death is said to  
have occurred on the date stated above, at 3:00 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) myocardial infarction

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
3 hours

Due 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

(Signature) H.B. Greenfield, M. D.

(Address) 447 Chelsea St Boston 12-21-19-66  
(Print or Type Name)

Holy Cross Malden Mass

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 24 19 66

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 147 Winthrop St Winthrop

Received and filed Dec 27 19 66

John A. Clark (Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN Singl

11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 48 Years 11 Months 3 Days If under 24 hours Hours Minutes

13 Usual Occupation Asst. Manger (Kind of work done during most of working life)

14 Industry or Business First Nat. Stores.

15 Social Security No. 031-03-1176

16 BIRTHPLACE (City) Boston, Mass (State or country)

17 NAME OF FATHER Michale Martorano

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Macano

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Mrs Ida Marlio

(Address) 7 Antrim 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:

Richard Griffin Jr (Signature of Agent of Board of Health or other)  
Director of Public Health 12/24/66 (Official Designation) (Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION.....  
 DATE OF ENTERING MILITARY SERVICE..... May 2 1942  
 DATE OF DISCHARGE..... Oct. 24 1945  
 RANK, RATING..... P.F.C.  
 ORGANIZATION AND OUTFIT..... Army  
 SERVICE NUMBER..... 31094404

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

OCT 27 '66 A



10:10  
P. MAS

For burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
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CERTIFICATE

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DEATH

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Y.C.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Viking Nursing Home

Josephine E (McNaught) Szawlis

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Viking Gardens A4

(a) Residence, No.

(Usual place of abode)

St.

(City or town and State)

Length of stay: In place of death.....years.....2 months.....days. In place of residence.....82 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec.

21

1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

JAN. 1960 to DEC. 21, 1966

I last saw her alive on DEC 21, 1966. Death is said to

have occurred on the date stated above, at 6:40 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia, bronchial &amp; dgs

Due To

(b)

Due To

(c)

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

OTHER

SIGNIFICANT  
CONDITIONS

Arteriosclerotic 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

(Signature) Charles Liberman M. D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS Date: 12/23/1966

Winthrop

Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 23

66

7 NAME OF

FUNERAL DIRECTOR

Howard S Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

DEC 23 1966

19

John A. Clark

(Registrar)

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

237

(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 Married  
WIDOWED  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of Anthony Szawlis (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12

AGE

82

Years

1

Months

Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry  
or Business:

At home

15 Social Security No.

None

16 BIRTHPLACE (City)

Winthrop

(State or country)

MASS.

17 NAME OF

FATHER

John McNaught

18 BIRTHPLACE OF

FATHER (City)

(State or country) Maine

19 MAIDEN NAME

OF MOTHER

Annie Armstrong

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

MASS.

21 Informant

Anthony Szawlis

Viking Gardens A4

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (R)

(Signature of Agent of Board of Health or other)

Director of Public Health

(Date of Issue of Permit)

A TRUE COPY ATTEST:

SPACE FOR ADDITIONAL INFORMATION .....  
DATE OF ENTERING MILITARY SERVICE.....  
DATE OF DISCHARGE.....  
RANK, RATING .....  
ORGANIZATION AND OUTFIT.....  
SERVICE NUMBER.....  
.....

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#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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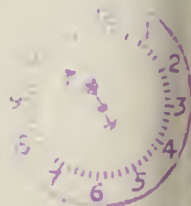
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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

DEC 23 '66 AM







SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

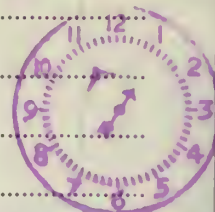
DATE OF DISCHARGE .....

RANK, RATING ...CORP...

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

DEC 27 '66 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due 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-303

For burial permit  
Board of Health  
Agent.

N. B.—WRITE BY HAND—THIS IS A PERMANENT RECORD. Every item 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.

100M-5-64-938000

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

WINTHROP

(City or Town making this return)

Registered No.

239

On route to Winthrop Community Hospital St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME JOHN COSTA  
(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) Permanent Residence. No. 88 Locust Street, Winthrop St.  
(City or town and State)

Length of stay: 1 of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 24, 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof  
are as follows: (If an injury was involved, state fully.)

Acute interstitial pneumonitis.

Pulmonary edema.

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? .....

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 Name)

(Address) Boston Date 12/24 19 66

7 Holy Cross Malden Mass  
Place of Burial or Cremation. (City or Town)

DATE OF BURIAL Dec 27 19 66

8 NAME OF FUNERAL DIRECTOR Ernest Plagagnino

ADDRESS 147 Winthrop St Winthrop

Received and filed Dec 27 19 66

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR White 11 SINGLE (write the word)  
MARRIED WIDOWED DIVORCED UNKNOWN Single

12 If married, widowed, or divorced  
HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

13 AGE.....Year.....Months.....Days If under 24 hours  
.....Hours.....Minutes

14 Usual Occupation: ..... (Kind of work done during most of working life)

15 Industry  
or Business: .....

16 Social Security No. ....

17 BIRTHPLACE (City) Lynn Mass  
(State or country)

18 NAME OF FATHER John Costa

19 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass

20 MAIDEN NAME OF MOTHER LINDA Murray

21 BIRTHPLACE OF MOTHER (City) Lynn  
(State or country) Mass

22 Informant John Costa  
(Address) 88 Locust St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin Jr.  
(Signature of Agent of Board of Health or other)

Sir of Public Health 12/26/66  
(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 .....

DEC 27 '66 AM



LE TOWN CLERK

WINTHROP, MASS.

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to 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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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.)"

and for burial permit  
Board of Health  
its Agent.

INSTRUCTIONS  
FOR  
CERTIFICATE

OR TYPE  
OR CAUSES  
DEATH

not enter  
than one  
for each  
(b) and (c)

does not mean  
of dying,  
heart failure,  
etc. It means  
cause, or compli-  
which caused

ions, if any,  
gave rise to  
cause (a),  
the under-  
cause last.

itions contrib-  
death but not  
the terminal  
condition given

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Nursing Home

2 FULL NAME ANTHONY J. GRANARA

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 134 Crest Avenue

(Usual place of abode)

St. Revere

(City or town and State)

Length of stay: In place of death 1 years 5 months 10 days. In place of residence 60 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 24, 1966

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from January 17, 1966 Dec. 24, 1966

I last saw him alive on Dec. 24, 1966, death is said to have occurred on the date stated above, at 10:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

(b) Due To Arteriosclerotic Heart Dis.

(c) Due To Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS Hypertrophied Prostate

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

(Signature) John F. Collins M.D.

John F. Collins M.D.

(Print or Type Name)

(Address) Revere, Mass. Date Dec. 24, 1966

6 Calvary Boston

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL 12/27/66

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella

ADDRESS 876 Winthrop Ave., Revere

Received and filed DEC 27, 1966

John A. Clark

(Registrar)

A TRUE COPY ATTEST:

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 240

(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  
Male9 COLOR  
White10 SINGLE (write the word)  
MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN  
Widowed11 If married, widowed or divorced  
HUSBAND or Helena McNaughton

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 86 Years 5 Months 24 Days If under 24 hours  
Hours Minutes13 Usual Occupation Retired Master Plumber  
(Kind of work done during most of working life)14 Industry  
or Business

15 Social Security No. 263-50-2520

16 BIRTHPLACE (City) Boston  
(State or country) Mass.

17 NAME OF FATHER Antonio Granara

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Maria Gardella

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)

21 Informant Beatrice Collins

(Address) 134 Crest Ave. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin  
(Signature of Agent of Board of Health or other)  
Director of Public Health Dec 27, 1966  
(Official Designation) (Date of Issue of Permit)

DEC 27 1966

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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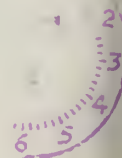
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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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.

APR 2 / '66 AM





PLACE OF DELIVERY

SUFFOLK  
(County)  
WINTHROP, MASS



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.

CERTIFICATE OF FETAL DEATH

Registered No. 241

1 (City or Town)  
Winthrop Community Hospital (STILLBIRTH)  
No. 20 OCEANVIEW ST. WINTHROP, MASS

St. } (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 NAME OF FETUS MALE, CASEY  
(if given)

3 DATE OF DELIVERY 12 27 66  
(Month) (Day) (Year)

4 SEX X Male Female Undetermined 5 COLOR (if WH determined) 6 THIS BIRTH (Check one) Single Twin Triplet 7 IF MULTIPLE BIRTH, BORN: 1st 2nd 3rd

FATHER  
8 FULL NAME FREDERICK CASEY  
9 RESIDENCE, NO. 20 OCEANVIEW STREET  
CITY OR TOWN WINTHROP STATE MASS  
10 COLOR OR RACE WHITE 11 AGE AT TIME OF THIS DELIVERY 36 (Years)  
12 PLACE OF BIRTH WINTHROP MASS  
(City or Town) (State or country)  
13 OCCUPATION AIR-FREIGHT

MOTHER  
14 MAIDEN NAME RITA COHERTY  
PRESENT NAME RITA CASEY  
15 RESIDENCE, NO. 20 OCEANVIEW STREET  
CITY OR TOWN WINTHROP STATE MASS  
16 COLOR OR RACE WHITE 17 AGE AT TIME OF THIS DELIVERY 37 (Years)  
18 PLACE OF BIRTH WINTHROP MASS  
(City or Town) (State or country)  
19 INFORMANT FREDERICK CASEY

20 PREVIOUS DELIVERIES TO MOTHER (Do not include this fetus) 5 (a) How many children are now living? 5 (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 3 months completed weeks 22 WEIGHT OF FETUS 5 Lb. 13 Oz. (or Grams) 23 WHEN DID FETUS DIE? Before Labor X During Labor or Delivery Unknown 24 AUTOPSY Yes X No

25 FETAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(a) Pending finding autopsy  
Due To (b)  
Due To (c)

OTHER SIGNIFICANT CONDITIONS  
26 WINTHROP MASS  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL DEC 28 1966

27 NAME OF FUNERAL DIRECTOR MAURICE W KIRBY  
ADDRESS WINTHROP

Received and filed DEC 28 1966

A TRUE COPY ATTEST

I HEREBY CERTIFY that this delivery occurred on the date stated above at 11:53 A.M., and product of conception was not a live birth.

Signature of Attending Physician or Medical Examiner:  
Myron N. King M.D.  
(PRINT OR TYPE SIGNATURE)

Address 222 PLEASANT ST. Date 12/28/66  
WINTHROP MASS

I HEREBY CERTIFY that a satisfactory certificate of fetal death was filed with me BEFORE the burial or transit permit was issued:

Richard Griffin (MCK)  
(Signature of Agent of Board of Health or other)  
Director of Public Health 12/28/66  
(Official Designation) (Date of Issue of Permit)

In giving  
CAUSE OF  
FETAL DEATH

do not enter  
more than one  
cause for each  
of (a), (b)  
and (c)

or maternal  
condition causing  
death (do  
not use such  
as stillbirth  
immaturity.)

and/or ma-  
trnal conditions,  
which gave  
rise to above  
(a), stating  
underlying  
cause last.

conditions of fetus  
other which  
may have contrib-  
uted to fetal  
death but, in so  
far as is known,  
were not related  
to cause given

## FETAL DEATH

EXTRACTS OF CERTAIN SECTIONS OF CHAPTER 46 AS AMENDED OR ADDED BY CHAPTER 48.  
ACTS OF 1960.

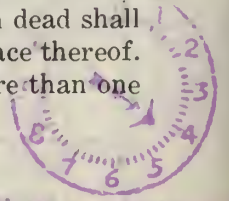
*Section 2A.* "Examination of records and returns of illegitimate births, or abnormal sex births, or fetal deaths, . . . shall not be permitted except . . .".

*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.

DEC 28 '66 PM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS

burial permit  
of Health  
Agent.CTIONS  
OR  
CERTIFICATER TYPE  
CAUSES  
DEATHenter  
man one  
for each  
(b) and (c)not mean  
of dying,  
art failure,  
It means  
or compli-  
causedif any,  
rise to  
use (a),  
under-  
se last.is contrib-  
but not  
terminal  
given

MEDICAL EXAMINED DECLINED JURISDICTION

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSWinthrop  
(City or Town making this return)Suffolk  
(County)Winthrop  
(City or Town)STANDARD  
CERTIFICATE OF DEATH

Registered No. 242

Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

No. Thomson

PHYSICIAN — IMPORTANT

2 FULL NAME. Eben T. Colby  
(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) Permanent Residence. No. 14 Chester Ave.

St. Winthrop, Mass.

(City or town and State)

30 min.

Length of stay: In place of death.....years.....months.....days. In place of residence 34 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 28 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
19....., to DEC 28 1966I last saw him alive on DEC 28 1966, death is said to  
have occurred on the date stated above, at 2:25 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1 HR.

Due To (b) ARTERIO SCLEROTIC HEART DIS.

2 Mo.

Due To (c)

OTHER SIGNIFICANT CONDITIONS SUB TOTAL GASTRECTOMY FOR HEMORRHAGE

16 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

(Signature) Myron H. King, M.D.

MYRON H. KING, M.D.

(Print or Type Name)

(Address) 222 Pleasant St. Date 12-28-1966

WINTHROP, MASS.

6 Woodlawn Crematory, Everett, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 31, 1966

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop Street, Winthrop

Received and filed DEC 30 1966

John Clark

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN married

11 If married, widowed, or divorced  
HUSBAND of Jeanie Barbara Ballou  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE 60 Years 1 Months 23 Days If under 24 hours Hours Minutes

13 Usual Occupation schoolteacher  
(Kind of work done during most of working life)

14 Industry or Business: Winthrop School Dept.

15 Social Security No. 030-20-2899

16 BIRTHPLACE (City). Newburyport  
(State or country) Mass.

17 NAME OF FATHER George Otis Colby

18 BIRTHPLACE OF FATHER (City). East Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Jessie Potter

20 BIRTHPLACE OF MOTHER (City). Newburyport  
(State or country) Mass.

21 Informant Mrs. Eben T. Colby

(Address) 14 Chester Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Richard Griffin (MCK)  
(Signature of Agent of Board of Health or other)  
Director of Public Health  
(Official Designation)12/30/66  
V.K.V.

A TRUE COPY ATTEST:

(Date of Issue of Permit)



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

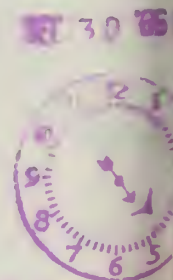
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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.



OFFICE OF THE TOWN  
WINTHROP, MA

# 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. **243**

PLACE OF DEATH

**Suffolk**  
(County)  
**Wentworth**  
(City or Town)



No. **491 Pleasant St.**

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME **Teresa Marotta**  
(If deceased 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. **491 Pleasant** St. **MA**  
(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 **50** years.....months.....days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **December 25 1966**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
**June 1 - 1952**, to **December 25 1966**.  
I last saw **her** alive on **December 25**, 1966, death is said to  
have occurred on the date stated above, at **10:25 P.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
**Cerebral Thrombosis  
Myocardial Infarction**

Due To **Myocardial Infarction**  
(b) **causing Fatigue**

Due To **Myocardial Infarction**  
(c) **causing Fatigue**

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? **No**  
What test confirmed diagnosis? **Cerebral Thrombosis**

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) **Rose F. Jannini**, M. D.  
**ROSE F. JANNINI**  
(PRINT OR TYPE SIGNATURE)  
(Address) **401 Pleasant St. Woburn** Date **Dec 25 1966**

6 **Holy Cross** **Maiden**  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL **December 25 1966**

7 NAME OF FUNERAL DIRECTOR **Jannini & Sementa**  
**Jannini & Sementa**  
ADDRESS **224 North St. Woburn**

Received and filed **DEC 24 1966**  
**John A. [Signature]**  
(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **White** 10 SINGLE (write the word)  
MARRIED **Married**  
WIDOWED **Widowed**  
or DIVORCED **Widowed**

10a If married, widowed, or divorced  
HUSBAND of **(Give maiden name of wife in full)**  
**Teresa Marotta**  
(or) WIFE of **(Husband's name in full)**

11 IF STILLBORN, enter that fact here.

12 AGE **85** Years.....Months.....Days If under 24 hours  
Hours.....Minutes

13 Usual Occupation: **Cat Home**  
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) **Italy**  
(State or country) **ROMA**

17 NAME OF FATHER **Luigi Fontendo**

18 BIRTHPLACE OF FATHER (City) **Italy**  
(State or country)

19 MAIDEN NAME OF MOTHER **Raffaella Di Napoli**

20 BIRTHPLACE OF MOTHER (City) **Italy**  
(State or country)

21 Informant (Address) **Mary Ann Marotta**  
**491 Pleasant St. Woburn**

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
**Richard Griffin**  
(Signature of Agent of Board of Health or other)  
**Director of Public Health** **12/29/66**  
(Official Designation) (Date of Issue of Permit)

R-301A

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RANK, RATING .....

ORGANIZATION A

SERVICE NUMBER

Carcinomatosis formation of  
right breast, pagets disease

Metastasis from previous  
carcinoma of uterus.

Congestive Heart Failure

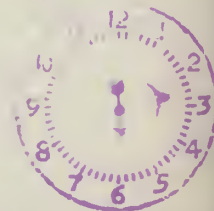
(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, 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 29 '66





RM R-301

burial permit  
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Medical examiner called - defined jurisdiction.

# The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

Suffolk

(County)

Winthrop

(City or Town)

## STANDARD CERTIFICATE OF DEATH

Registered No. 244

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 Louis Rudginsky

(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) Permanent Residence. No. 160 Grovers Ave.

Winthrop Mass

St. (City or town and State)

Length of stay: In place of death years months days. In place of residence 45 years months days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 28 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from JAN 1957 to DEC 28 1966

I last saw him alive on DEC 28 1966 death is said to have occurred on the date stated above, at 10:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular occlusion

Due To (b) Arteriosclerosis

Due To (c)

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1 DAY

5 yrs

OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart Disease 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

(Signature) Charles Liberman, M. D.

CHARLES LIBERMAN

(Print or Type Name)

(Address) WINTHROP, MASS. Date 12/28/1966

6 Tifereth Israel of Winthrop, Everett, Mass.  
Place of Burial or Cremation (City or Town) Mass.

DATE OF BURIAL December 30 1966

7 NAME OF FUNERAL DIRECTOR Robert Levine

ADDRESS 1668 Beacon St. Brookline

Received and filed

DEC 30 1966

John A. Gane

(Registrar)

A TRUE COPY ATTEST:

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word) MARRIED MARRIED

11 If married, widowed or divorced HUSBAND of Frances Holzwasser

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 AGE Years 82 Months 8 Days 18 If under 24 hours Hours Minutes

13 Usual Occupation Tire Merchant (Kind of work done during most of working life)

14 Industry or Business Retired

15 Social Security No. 022-10-7297

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Samuel Rudginsky

18 BIRTHPLACE OF FATHER Russia (City) (State or country)

19 MAIDEN NAME OF MOTHER Goldie Stuart

20 BIRTHPLACE OF MOTHER Russia (City) (State or country)

21 Informant Frances Rudginsky

(Address) 160 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:

Richard Griffin

(Signature of Agent of Board of Health or other)

Director of Public Health

Dec 30 1966

(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.

DEC 30 1886



OFFICE OF THE TOWN  
 HATHROP, N.

Middlesex

(County)

Bedford

(City or Town)

Veterans Administration Hospital

No.

The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Bedford

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 245

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME

FREDERICK J. 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 **WW I**)

74 Bellevue Avenue

Winthrop, Massachusetts

(a) Permanent Residence. No.

St.

(City or town and State)

Length of stay: In place of death 6 years 6 months 24 days. In place of residence 6 years 6 months 24 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **December 30 1966**

(Month)

(Day)

(Year)

I HEREBY CERTIFY, **MA**, I attended deceased from **June 8 1966** to **December 30 1966**I last saw him alive on **December 30 1966**, death is said to have occurred on the date stated above, at **11:25 a.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

**Cerebral thrombosis**(a) **5** days(b) **Cerebral arteriosclerosis** **30** yrs.(c) **Generalized arteriosclerosis** **30** yrs.OTHER SIGNIFICANT CONDITIONS **Sigmoid volvulus, operated** **24** hrs.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(Signature) **J. W. O'NEIL, Chief, Surgical Svc** M. D.**VAH, Bedford, Mass.** **12-30-66**(Address) **DATE** **19****Winthrop Cemetery, Winthrop, Mass.**

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL **January 3, 1967** **67**7 NAME OF FUNERAL DIRECTOR **Richard C. Kirby FH****17 Bennington St., E. Boston, Mass.**

ADDRESS

Received and filed **JAN 6 1967** **John A. Clark** **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  
DIVORCED  
UNKNOWN

11 If married, widowed, or divorced

HUSBAND of **Rose E. Gagnon**

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

AGE **74** Years **6** Months **9** Days  
If under 24 hours  
Hours Minutes

13 Usual

Occupation: **Drug Salesman**

(Kind of work done during most of working life)

14 Industry

or Business: **Private Industry**15 Social Security No. **024 07 0367**16 BIRTHPLACE (City) **Montreal**  
(State or country) **Canada**

17 NAME OF

FATHER **Richard J. Hogan**

18 BIRTHPLACE OF

FATHER (City) **Could not be learned**  
(State or country) **Canada**

19 MAIDEN NAME

OF MOTHER **Sarah A. Morrissey**

20 BIRTHPLACE OF

MOTHER (City) **Could not be learned**  
(State or country) **Canada**21 Informant **V.A. Hospital Records**(Address) **Bedford, Massachusetts**

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED **Jan. 5 1967**

THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in which the deceased resided at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)



SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....6-5-13.....

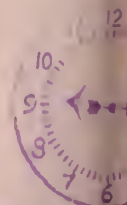
DATE OF DISCHARGE .....2-1-19.....

RANK, RATING .....Pharmacy Mate 3C.....

ORGANIZATION AND OUTFIT .....U.S. Navy.....

SERVICE NUMBER .....Could not be learned.....

JAN - 6



WINTHROP

ed for burial permit  
Board of Health  
its Agent.

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON

246

(City or Town making this return)

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registered No. 11876

No. Massachusetts General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ESTHER

FREED

PHYSICIAN — IMPORTANT  
(Was deceased a U. S. War Veteran. NO  
(if so specify WAR) NO

(First Name)

(Middle Name)

(Last Name)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 13 Pauline Street, St. Winthrop, Massachusetts

(City or town and State)

Length of stay: 1 of death years months 21 days. In place of residence 1 years 6 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 8, 1966  
(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  
with congestive heart failure.  
Subdural hematoma.

5 Accident, suicide, or homicide (specify) Accident.  
Date and hour of injury On or about 11/17/66

IF ACCIDENTAL, was injury causally related to the death?

Where did injury occur? Winthrop, Mass.  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Home.

Manner of injury Accidental fall to floor.

(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 (Print or Type Name)

Date 12/9 1966

7 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 12 1966

8 NAME OF FUNERAL DIRECTOR J. S. Waterman and Sons

ADDRESS 5 Commonwealth Ave. Boston

Received and filed, DEC 13 1966

A TRUE COPY ATTEST:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR 11 SINGLE (write the word)  
Female White MARRIED  
WIDOWED  
DIVORCED  
UNKNOWN Single

12 If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

13 AGE 82 Year 5 Months 14 Days If under 24 hours  
Hours Minutes

14 Usual Occupation Teacher, Retired  
(Kind of work done during most of working life)

15 Industry or Business M. V. C. Public Schools

16 Social Security No. 204-18-9106T

17 BIRTHPLACE (City) Linfield  
(State or country) Pa.

18 NAME OF FATHER Samuel Freed

19 BIRTHPLACE OF FATHER (City) C. N. B. L.  
(State or country)

20 MAIDEN NAME OF MOTHER Mary Isett (Poli)

21 BIRTHPLACE OF MOTHER (City) C. N. B. L.  
(State or country)

22 Informant Miss Della Haskins

(Address) 13 Pauline Street, Winthrop, Massachusetts

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(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. 35, §§ 6, 23; Chap. 46, §§ 9, 10; Chap. 114, §§ 43-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-5-61-938000

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

JAN 23 '67 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.



For burial permit  
and of Health  
Agent.  
INSTRUCTIONS  
FOR  
CERTIFICATE

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Massachusetts General Hospital~~Belmont Hospital~~2 FULL NAME SADIE GOLDSTEIN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Permanent Residence. No. 217 SHORE DRIVESt. WINTHROP MASS.

(City or town and State)

Length of stay: In place of death.....years.....months.....1 days. In place of residence 45 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC. 11 1966  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from DEC. 10 1966, to DEC. 11 1966We last saw her live on DEC. 11 1966 death is said to have occurred on the date stated above, at 11.00AM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PONTINE HEMORRHAGE

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS GENERALIZED ARTERIOSCLEROSIS YRS.  
AORTIC INSUFFICIENCY LUENIC YRS.Was autopsy performed? NOWhat test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased?

If so, specify e. l. clay(Signature) Charles L. Clay, M. D.

(Print or Type Name)

(Address) Ass't Dir., Mass. Gen'l Hosp.DEC. 11 19666 Ornichty, Melrose

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 12, 19667 NAME OF FUNERAL DIRECTOR Benjamin BirnbachADDRESS 1505 Blue Hill Ave. MattapanReceived and filed DEC 15 1966 1966

A TRUE COPY ATTEST:

(Registrar)

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON 247  
(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 11981

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

## PERSONAL AND STATISTICAL PARTICULARS

|        |         |                                                   |
|--------|---------|---------------------------------------------------|
| 8 SEX  | 9 COLOR | 10 SINGLE (write the word)                        |
| Female | White   | MARRIED<br>WIDOWED<br>DIVORCED<br>UNKNOWN Widowed |

11 If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Isadore Goldstein

(Husband's name in full)

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 home15 Social Security No. None16 BIRTHPLACE (City) Latvia  
(State or country)17 NAME OF FATHER Simon Shuman18 BIRTHPLACE OF FATHER (City) Latvia  
(State or country)19 MAIDEN NAME OF MOTHER Gertrude (Unknown)20 BIRTHPLACE OF MOTHER (City) Latvia  
(State or country)21 Informant Rene Calk  
(Address) 86 Newhall St. Lynn

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Dec. 12, 1966

A TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

JAN 23 '67 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.





SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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PLACE OF DEATH  
BOSTON  
(City or Town)



KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

BOSTON 249  
(City or Town making this return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 12527

No. COLUMBUS NURSING HOME  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME DORA Goldman  
(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) Permanent Residence. No. 41 Underhill St. Winthrop Mass  
(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 DEC. 28 1966  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
SEPT 14 1960 to DEC 28 1966  
I last saw her live on 12/28/66 death is said to  
have occurred on the date stated above, at 1:15 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(a) MYOCARDIAL DISEASE WITH CONGESTIVE FAILURE 2 YRS  
(b) ARTERIO-SCLEROTIC HEART DIS 6 YRS  
(c) HYPERTENSIVE HEART DIS

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR WHITE 10 SINGLE (write the word) MARRIED  
WIDOWED DIVORCED UNKNOWN

11 If married, widowed, or divorced HUSBAND of JACOB GOLDMAN  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

12 AGE 82 Years 5 Months 26 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. NOT A

16 BIRTHPLACE (City) RUSSIA  
(State or country)

17 NAME OF FATHER MYER MARCUS

18 BIRTHPLACE OF FATHER (City) RUSSIA  
(State or country)

19 MAIDEN NAME OF MOTHER ESTHER SHAPIRO

20 BIRTHPLACE OF MOTHER (City) RUSSIA  
(State or country)

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

(Signature) Myron N. King M. D.  
(Print or Type Name)

(Address) 222 ALGEMONT ST. LYNN, MASS 01902  
(City or Town)

6 PLACE OF BURIAL OR CREMATION PRIDE OF LYNN LYNN, MASS  
(City or Town)

DATE OF BURIAL DECEMBER 29 1966

7 NAME OF FUNERAL DIRECTOR E. M. HYMANSON

ADDRESS 117 N. COMMON ST. LYNN, MASS

Received and filed JAN 3 1967

Whitney J. Wance (Registrar)

A TRUE COPY ATTEST:

21 Informant SIMON SCHWARTZ  
(Address) 10 TREMONT ST BOSTON, MASS

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.  
E04152 (Signature of Agent of Board of Health or other)  
Dec 28, 1966  
(Official Designation) (Date of Issue of Permit)

TRUE COPY ATTEST:

*William J. Kane.*  
City Registrar

FEB 10 '67 AM



OFFICE OF THE TOWN CLERK  
WINTHROP, MASS.











